



2023 Federal Tax Return Filing
Instructions
FOR THE YEAR ENDING
December 31, 2023

Prepared for	MADISON D ROBLES MERVYN J ROBLES																
Tax Summary	<table><tr><td>Gross Income.....</td><td>\$170597</td></tr><tr><td>Adjusted Gross Income.....</td><td>\$169397</td></tr><tr><td>Total Deductions.....</td><td>\$27700</td></tr><tr><td>Total Taxable Income.....</td><td>\$141697</td></tr><tr><td>Total Tax.....</td><td>\$13188</td></tr><tr><td>Total Payments.....</td><td>\$14482</td></tr><tr><td>Refund Amount.....</td><td>\$1294</td></tr><tr><td>Amount You Owe.....</td><td>\$0</td></tr></table>	Gross Income.....	\$170597	Adjusted Gross Income.....	\$169397	Total Deductions.....	\$27700	Total Taxable Income.....	\$141697	Total Tax.....	\$13188	Total Payments.....	\$14482	Refund Amount.....	\$1294	Amount You Owe.....	\$0
Gross Income.....	\$170597																
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Total Deductions.....	\$27700																
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Total Tax.....	\$13188																
Total Payments.....	\$14482																
Refund Amount.....	\$1294																
Amount You Owe.....	\$0																
Make check payable to																	
Mailing Address	Since you are filing your return electronically and you chose to use an electronic signature, you do not mail your return.																

Instructions

If you e-filed your return and it has been accepted, you will get notified via text or email if you opted for that option.

Your tax obligation is exactly met. No additional tax is due.



**2023 STATE TAX RETURN FILING
INSTRUCTIONS
CALIFORNIA
FOR THE YEAR ENDING
December 31, 2023**

Prepared for	MADISON D ROBLES and MERVYN J ROBLES																					
Tax Summary	<table><tr><td>Adjusted Gross Income.....</td><td>\$</td><td>169,397</td></tr><tr><td>Total Deductions.....</td><td>\$</td><td>10,726</td></tr><tr><td>Total Taxable Income.....</td><td>\$</td><td>158,671</td></tr><tr><td>Total Tax.....</td><td>\$</td><td>6,436</td></tr><tr><td>Total Payments.....</td><td>\$</td><td>6,325</td></tr><tr><td>Refund Amount.....</td><td>\$</td><td>0</td></tr><tr><td>Amount You Owe.....</td><td>\$</td><td>111</td></tr></table>	Adjusted Gross Income.....	\$	169,397	Total Deductions.....	\$	10,726	Total Taxable Income.....	\$	158,671	Total Tax.....	\$	6,436	Total Payments.....	\$	6,325	Refund Amount.....	\$	0	Amount You Owe.....	\$	111
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Refund Amount.....	\$	0																				
Amount You Owe.....	\$	111																				
Make check payable to	California Department of Revenue																					
Mailing Address	Since you are filing your return electronically and you chose to use an electronic signature, you do not mail your return.																					

Special Instructions

Keep A Copy

Click on Main Menu and then E-File or Print to print your return. Attach your copy of each W-2, W-2G, 1099R or 1099G with withholding. Keep with your records for three years.

2023 TWO YEAR COMPARISON

MADISON D & MERVYN J ROBLES
576-49-9177

Keep for Your Records

	2023	2022	Difference
Filing status	MFJ	MFJ	
INCOME:			
Wages, salaries, tips, etc.	128,618	87,553	41,065
Interest income			
Ordinary dividend income			
IRA distributions and pension income			
Taxable social security income			
Capital gain or (loss) (Schedule D)			
Schedule 1 - Income			
Refunds of state and local taxes			
Alimony received			
Business income or (loss) (Schedule C)		14,507	-14,507
Other gains or (losses) (Form 4797)			
Rental real estate, partnerships, estates, etc. (Schedule E)			
Farm income or (loss) (Schedule F)			
Unemployment compensation			
Other income	41,979		41,979
Total income	170,597	102,060	68,537
ADJUSTMENTS:			
Schedule 1 - Adjustments			
Educator expenses		300	-300
Busn expenses for reserviists, performing artists, etc			
Health savings account deduction			
Moving expenses			
Deductible part of self-employment tax		1,025	-1,025
Self-employed SEP, SIMPLE and qualified plans deduction ...			
Self-employed health insurance			
Penalty on early withdrawal of savings			
Alimony paid			
IRA contributions			
Student loan interest deduction	1,200		1,200
Archer MSA deduction			
Other adjustments			
Total adjustments	1,200	1,325	-125
ADJUSTED GROSS INCOME:	169,397	100,735	68,662
DEDUCTIONS:			
Standard deduction or Itemized deductions	27,700	25,900	1,800
Charitable contributions if taking standard deduction	N/A		
If itemized, Schedule A deductions:			
Medical and dental expenses			
Sales, income, and other taxes paid	7,482		7,482
Interest paid			
Gifts to charity	3,498		3,498
Casualty and theft losses			
Other miscellaneous deductions			
Qualified business income deduction		2,696	-2,696
TAXABLE INCOME:	141,697	72,139	69,558

2023 TWO YEAR COMPARISON

MADISON D & MERVYN J ROBLES
576-49-9177

Keep for Your Records

	2023	2022	Difference
TAX COMPUTATION (BEFORE CREDITS):			
Tax	21,788	8,244	13,544
Tax calculation method	TCW	Table	
Schedule 2 – Taxes			
Alternative minimum tax			
Excess advance premium tax credit repayment			
Total taxes	21,788	8,244	13,544
Tax rate	22%	12%	
CREDITS:			
Child and other dependents tax credit	6,000	6,000	
Schedule 3 – Non-Refundable Credits			
Foreign tax credit			
Child care credit			
Education credit		1,500	-1,500
Retirement savings contribution credit			
Other credits	2,600		2,600
Total credits	8,600	7,500	1,100
OTHER TAXES:			
Schedule 2 – Other Taxes			
Self-employment tax		2,050	-2,050
Additional tax on IRAs			
Other taxes			
TOTAL TAXES:	13,188	2,794	10,394
PAYMENTS:			
Federal income tax withheld	14,482	3,790	10,692
Estimated payments made			
Earned income credit			
Refundable child tax credit or additional child tax credit			
American opportunity credit		1,000	-1,000
Schedule 3 – Refundable Credits & Payments			
ACA premium tax credit			
Qualified sick and family leave credit			
Other payments			
Total payments	14,482	4,790	9,692
AMOUNT DUE / REFUND:			
Amount overpaid	1,294	1,996	-702
Overpayment applied to next year			
Refund	1,294	1,996	-702
Amount due			
Penalty			

Tax Calculation Methods:

Sch D = Sch D tax worksheet
Sch J = Inc Aver for Farmer/Fisherman
FEITW = Foreign Earned Income Tax WS

QDCGTW = Qual Div Cap Gain Tax WS
F8615 = Child with unearned income

TCW = Tax Comp Worksheet (rates)
TABLE = Tax Table

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20____ See separate instructions.

Your first name and middle initial MADISON D		Last name ROBLES	Your social security number 576-49-9177
If joint return, spouse's first name and middle initial MERVYN J		Last name ROBLES	
Home address (number and street). If you have a P.O. box, see instructions. 6196 McHaney Ct			Presidential Election Campaign 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
City, town, or post office. If you have a foreign address, also complete spaces below. San Diego		State CA	
Foreign country name		Foreign province/state/county	
Foreign postal code		ZIP code 92114	

Filing Status ☐ Single ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

Check only one box. ☒ Married filing jointly (even if only one had income)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ 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, 1959 ☐ Are blind Spouse: ☐ Was born before January 2, 1959 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
Llewyn	Robles	674-17-8154	SON	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lyle	Robles	484-49-5215	SON	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Meyer	Robles	105-55-3434	SON	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions. Attach Sch. B if required. Standard Deduction for- <ul style="list-style-type: none">Single or Married filing separately, \$13,850Married filing jointly or Qualifying surviving spouse, \$27,700Head of household, \$20,800If you checked any box under Standard Ded., see instructions.	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a 128,618
	b Household employee wages not reported on Form(s) W-2	1b
	c Tip income not reported on line 1a (see instructions)	1c
	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d
	e Taxable dependent care benefits from Form 2441, line 26	1e
	f Employer-provided adoption benefits from Form 8839, line 29	1f
	g Wages from Form 8919, line 6	1g
	h Other earned income (see instructions)	1h
	i Nontaxable combat pay election (see instructions) 1i	
	z Add lines 1a through 1h	1z 128,618
	2a Tax-exempt interest 2a	b Taxable interest 2b
	3a Qualified dividends 3a	b Ordinary dividends 3b
	4a IRA distributions 4a	b Taxable amount 4b
	5a Pensions and annuities 5a	b Taxable amount 5b
	6a Social security benefits 6a	b Taxable amount 6b
c If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/>		
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	7	
8 Additional income from Schedule 1, line 10	8 41,979	
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9 170,597	
10 Adjustments to income from Schedule 1, line 26	10 1,200	
11 Subtract line 10 from line 9. This is your adjusted gross income	11 169,397	
12 Standard deduction or itemized deductions (from Schedule A)	12 27,700	
13 Qualified business income deduction from Form 8995 or Form 8995-A	13	
14 Add lines 12 and 13	14 27,700	
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15 141,697	

Tax and Credits	16 Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	21,788
	17 Amount from Schedule 2, line 3	17	
	18 Add lines 16 and 17	18	21,788
	19 Child tax credit or credit for other dependents from Schedule 8812	19	6,000
	20 Amount from Schedule 3, line 8	20	2,600
	21 Add lines 19 and 20	21	8,600
	22 Subtract line 21 from line 18. If zero or less, enter -0-	22	13,188
	23 Other taxes, including self-employment tax, from Schedule 2, line 21	23	
24 Add lines 22 and 23. This is your total tax	24	13,188	

Payments	25 Federal income tax withheld from:		
	a Form(s) W-2	25a	14,482
	b Form(s) 1099	25b	
	c Other forms (see instructions)	25c	
	d Add lines 25a through 25c	25d	14,482
	26 2023 estimated tax payments and amount applied from 2022 return	26	
	27 Earned income credit (EIC)	27	
	28 Additional child tax credit from Schedule 8812	28	
	29 American opportunity credit from Form 8863, line 8	29	
	30 Reserved for future use	30	
31 Amount from Schedule 3, line 15	31		
32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32		
33 Add lines 25d, 26, and 32. These are your total payments	33	14,482	

Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,294
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,294
	b Routing number 322271627 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 306369841		
36 Amount of line 34 you want applied to your 2024 estimated tax	36		

Amount You Owe	37 Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> Yes . Complete below. <input checked="" type="checkbox"/> No		
	Designee's name	Phone no.	Personal identification number (PIN)

Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
	Phone no. 3256683600	Email address	mrs mrobles@gmail.com	

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
	Firm's name	Phone no.			
	Firm's address	Firm's EIN			

Go to www.irs.gov/Form1040 for instructions and the latest information.Form **1040** (2023)

SCHEDULE 1

(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

MADISON D & MERVYN J ROBLES

Your social security number

576-49-9177

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions):		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	41,979
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABL account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
z	Other income. List type and amount:	8z	0
9	Total other income. Add lines 8a through 8z	9	41,979
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	41,979

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN:		
c	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21	Student loan interest deduction	21	1,200
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount:	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	26	1,200

SCHEDULE 3

(Form 1040)

Additional Credits and Payments

OMB No. 1545-0074

2023Attachment
Sequence No. **03**Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

MADISON D & MERVYN J ROBLES

Your social security number

576-49-9177

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441.	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5a	Residential clean energy credit from Form 5695, line 15	5a	
b	Energy efficient home improvement credit from Form 5695, line 32	5b	2,600
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Reserved for future use	6e	
f	Clean vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
m	Credit for previously owned clean vehicles. Attach Form 8936	6m	
z	Other nonrefundable credits. List type and amount:	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	2,600

(continued on page 2)

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 3 (Form 1040) 2023

SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service

**Credits for Qualifying Children
and Other Dependents**

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Schedule8812 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. **47**

Name(s) shown on return

MADISON D & MERVYN J ROBLES

Your social security number

576-49-9177

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	169,397
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	
3	Add lines 1 and 2d	3	169,397
4	Number of qualifying children under age 17 with the required social security no.	4	3
5	Multiply line 4 by \$2,000	5	6,000
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	7	
8	Add lines 5 and 7	8	6,000
9	Enter the amount shown below for your filing status. • Married filing jointly--\$400,000 • All other filing statuses--\$200,000	9	400,000
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	10	0
11	Multiply line 10 by 5% (0.05)	11	
12	Is the amount on line 8 more than the amount on line 11? <input type="checkbox"/> No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. <input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result.	12	6,000
13	Enter the amount from Credit Limit Worksheet A	13	19,188
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	14	6,000

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 8812 (Form 1040) 2023

Part II Energy Efficient Home Improvement Credit**Section A--Qualified Energy Efficiency Improvements**

17a	Are the qualified energy efficiency improvements installed in or on your main home located in the United States? (See instructions.)	17a	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b	Are you the original user of the qualified energy efficiency improvements?	17b	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c	Are the components reasonably expected to remain in use for at least 5 years? If you checked the "No" box for line 17a, 17b, or 17c, you cannot claim the energy efficient home improvement credit. Do not complete Part II, Section A.	17c	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d	Enter the complete address of the main home where you made the qualifying improvements. Caution: You can only have one main home at a time. (See instructions.)			
	Number and street Unit no. City or town State ZIP code			
e	Were any of these improvements related to the construction of this main home? If you checked the "Yes" box, you can only claim the energy efficient home improvement credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.	17e	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18	Insulation or air sealing material or system.			
a	Enter the cost of insulation material or system (include air sealing material or system) specifically and primarily designed to reduce heat loss or gain of your home that meets the criteria established by the IECC. (See instructions.)	18a		
b	Multiply line 18a by 30% (0.30). Enter the results. Do not enter more than \$1,200	18b		
19	Exterior doors that meet the applicable Energy Star requirements.			
a	Enter the cost of the most expensive door you bought	19a		
b	Multiply line 19a by 30% (0.30). Do not enter more than \$250	19b		
c	Enter the cost of all other qualifying exterior doors	19c		
d	Multiply line 19c by 30% (0.30)	19d		
e	Add lines 19b and 19d. Do not enter more than \$500	19e		
20	Windows and skylights that meet the Energy Star certification requirements.			
a	Enter the cost of exterior windows and skylights that meet the Energy Star certification requirements. (See instructions.)	20a		
b	Multiply line 20a by 30% (0.30). Enter the results. Do not enter more than \$600	20b		

Section B--Residential Energy Property Expenditures

21a	Did you incur costs for qualified energy property installed on or in connection with a home located in the United States?	21a	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b	Was the qualified energy property originally placed into service by you? If you checked the "No" box for line 21a or 21b, you cannot claim the credit for your residential energy property costs. Skip lines 22 through 25 and line 29. Go to line 26.	21b	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c	Enter the complete address of each home where you installed qualified energy property.			
	Number and street Unit no. City or town State ZIP code			
	6196 Mchaney Ct San Diego CA 92114			
22	Residential energy property costs (include labor costs for onsite preparation, assembly, and original installation). (See instructions.)			
a	Enter the cost of central air conditioners	22a	10,000	
b	Multiply line 22a by 30% (0.30). Enter the results. Do not enter more than \$600	22b		600
23a	Enter the cost of natural gas, propane, or oil water heaters	23a		
b	Multiply line 23a by 30% (0.30). Enter the results. Do not enter more than \$600	23b		
24a	Enter the cost of natural gas, propane, or oil furnace or hot water boilers	24a		
b	Multiply line 24a by 30% (0.30). Enter the results. Do not enter more than \$600	24b		

Section B—Residential Energy Property Expenditures (continued)

25a	Enter the cost of improvements or replacement of panelboards, subpanelboards, branch circuits, or feeders	25a		
b	Multiply line 25a by 30% (0.30). Enter the results. Do not enter more than \$600	25b		
26	Home energy audits.			
a	Did you incur costs for a home energy audit that included an inspection of your main home located in the United States and a written report prepared by a certified home energy auditor? (See instructions.) If you checked the "No" box, you cannot claim the home energy audit credit. Stop. Go to line 27.	26a	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	Enter the cost of the home energy audits	26b		
c	Multiply line 26b by 30% (0.30). Enter the results. Do not enter more than \$150	26c		
27	Add lines 18b, 19e, 20b, 22b, 23b, 24b, 25b, and 26c	27	600	
28	Enter the smaller of line 27 or \$1,200	28		600
29	Heat pumps and heat pump water heaters; biomass stoves and biomass boilers.			
a	Enter the cost of electric or natural gas heat pumps	29a	7,984	
b	Enter the cost of electric or natural gas heat pump water heaters	29b		
c	Enter the cost of biomass stoves and biomass boilers	29c		
d	Add lines 29a, 29b, and 29c	29d	7,984	
e	Multiply line 29d by 30% (0.30). Enter the results. Do not enter more than \$2,000	29e		2,000
30	Add lines 28 and 29e	30		2,600
31	Limitation based on tax liability. Enter the amount from the Energy Efficient Home Improvement Credit Limit Worksheet. (See instructions.)	31		21,788
32	Energy efficient home improvement credit. Enter the smaller of line 30 or line 31. Also include this amount on Schedule 3 (Form 1040), line 5b.	32		2,600

2023 WAGES AND SALARIES SUMMARY ATTACHMENT

MADISON D & MERVYN J ROBLES
576-49-9177

Employer Name	Employer EIN	T or S	Wages	Federal Withholding	Social Security Tax Withheld	State	State Wages	State Tax Withheld	Local Tax Withheld
SHARP HEALTHCARE	95-6077327	S	128,618	14,482	7,974	CA	128,618	6,325	

Total128,61814,4827,974128,6186,325

2023 MISCELLANEOUS/NEC INCOME SUMMARY ATTACHMENT

MADISON D & MERVYN J ROBLES
576-49-9177

Payer Name	Payer's Federal ID Number	T or S	Form	Activity	Rent (Box 1)	Royalties (Box 2)	Other Income (Box 3)	NonEmp Comp (NEC Box 1)	Federal Tax Withheld (Box 4)	State	State Income (Box 18)	State Tax Withheld (Box 16)
Elder Law Pract	81-1478509	T	NEC					41,979				

TOTAL 41,979

2023 FEDERAL TAX WITHHOLDINGS ATTACHMENT

MADISON D & MERVYN J ROBLES
576-49-9177

W-2

SHARP HEALTHCARE

14,482

Total to Form 1040/1040-SR line 25d

14,482

2023 STUDENT LOAN INTEREST DEDUCTION WORKSHEET – SCHEDULE 1, LINE 21

MADISON D & MERVYN J ROBLES

Keep for Your Records

- Before you begin:** ✓ Figure any write-in adjustments to be entered on Schedule 1, line 24z (see the instructions for Schedule 1, line 24z).
✓ Be sure you have read the **Exception** in the instructions for this line to see if you can use this worksheet instead of Pub. 970 to figure your deduction.

1. Enter the total interest you paid in 2023 on qualified student loans (see instructions for line 21).
Don't enter more than \$2,500 1. 2,500
2. Enter the amount from Form 1040 or 1040-SR, line 9, plus any foreign earned income exclusion and/or housing exclusion (Form 2555, line 45), any foreign housing deduction (Form 2555, line 50), amount of excluded income from Puerto Rico, and amount of excluded income from American Samoa (Form 4563, line 15) 2. 170,597
3. Enter the total of the amounts from Schedule 1, lines 11 through 20, and 23 and 25 3. 170,597
4. Subtract line 3 from line 2 4. 170,597
5. Enter the amount shown below for your filing status.
 - Single, head of household, or qualifying surviving spouse – \$75,000
 - Married filing jointly – \$155,000..... 5. 155,000
6. Is the amount on line 4 more than the amount on line 5?
No. Skip lines 6 and 7, enter -0- on line 8, and go to line 9.
Yes. Subtract line 5 from line 4 6. 15,597
7. Divide line 6 by \$15,000 (\$30,000 if married filing jointly). Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000 7. .520
8. Multiply line 1 by line 7 8. 1,300
9. **Student loan interest deduction.** Subtract line 8 from line 1. Enter the result here and on Schedule 1, line 21. **Don't** include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.) 9. 1,200

2023 SCHEDULE 8812 CREDIT LIMIT WORKSHEET A

MADISON D & MERVYN J ROBLES
576-49-9177

Keep for Your Records

1. Enter the amount from line 18 of your Form 1040, 1040-SR, or Form 1040-NR

1	21,788
---	--------

2. Add the following amounts (if applicable) from:

Schedule 3, line 1	+	_____
Schedule 3, line 2	+	_____
Schedule 3, line 3	+	_____
Schedule 3, line 4	+	_____
Schedule 3, line 5b	+	2,600
Schedule 3, line 6d	+	_____
Schedule 3, line 6f	+	_____
Schedule 3, line 6l	+	_____
Schedule 3, line 6m	+	_____

Enter the total 2 2,600

3. Subtract line 2 from line 1

3	19,188
---	--------

Complete Credit Limit Worksheet B only if you meet all of the following:

1. You are claiming one or more of the following credits:
 - a. Mortgage interest credit, Form 8396.
 - b. Adoption credit, Form 8839.
 - c. Residential clean energy credit, Form 5695, Part I.
 - d. District of Columbia first-time homebuyer credit, Form 8859.
2. You are not filing Form 2555.
3. Line 4 of Schedule 8812 is more than zero.

4. If you are not completing Credit Limit Worksheet B, enter -0-; otherwise, enter the amount from Credit Limit Worksheet B

4	
---	--

5. Subtract line 4 from line 3. Enter here and on Schedule 8812, line 13

5	19,188
---	--------

2023 SCHEDULE 8812 CREDIT LIMIT WORKSHEET B

MADISON D & MERVYN J ROBLES
576-49-9177

Keep for Your Records

Before you begin:

- ✓ Complete the Earned Income Worksheet in the instructions.
- ✓ 1040 and 1040-SR Filers: Complete line 27; Schedule 2, line 5; Schedule 2, line 6; Schedule 2, line 13; and Schedule 3, line 11 of your return if they apply to you.
- ✓ 1040-NR Filers: Complete Schedule 2, line 5; Schedule 2, line 6; Schedule 2, line 13; and Schedule 3, line 11 of your return if they apply to you.



Use this worksheet only if you meet each of the items discussed under line 3 of Credit Limit Worksheet A, including that you are not filing Form 2555.

1. Enter the amount from Schedule 8812, line 12 1 6,000

2. Number of qualifying children under 17 with the required social security number: 3 x \$1,600. Enter the result 2 4,800

TIP: The number of children you use for this line is the same as the number of children you used for line 4 of Schedule 8812.

3. Enter your earned income from line 7 of the Earned Income Worksheet 3 128,618

4. Is the amount on line 3 more than \$2,500?
☐ **No.** Leave line 4 blank, enter -0- on line 5, and go to line 6 4 126,118
☒ **Yes.** Subtract \$2,500 from the amount on line 3. Enter the result.

5. Multiply the amount on line 4 by 15% (0.15) and enter the result 5 18,918

6. On line 2 of this worksheet, is the amount \$4,800 or more?
☐ **No.**
If you are a bona fide resident of Puerto Rico and line 5 above is less than line 1 above, go to line 7. Otherwise, leave lines 7 through 10 blank, enter -0- on line 11, and go to line 12.
☒ **Yes.** If line 5 above is equal to or more than line 1 above, leave lines 7 through 10 blank, enter -0- on line 11, and go to line 12. Otherwise, go to line 7.

If married filing jointly, include your spouse's amounts with yours when completing lines 7 and 8.

7. If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use the Additional Medicare Tax and RRTA Tax Worksheet to figure the amount to enter; otherwise enter the following amounts.
• Social security tax withheld from Form(s) W-2 box 4, and Puerto Rico Form(s) 499R-2/W-2PR, box 21, and
• Medicare tax withheld from Form(s) W-2, box 6, and Puerto Rico Form(s) 499R-2/W-2PR, box 23 7

8. Enter the total of any amounts from -
• Schedule 1, line 15;
• Schedule 2, line 5;
• Schedule 2, line 6; and
• Schedule 2, line 13. 8

9. Add lines 7 and 8. Enter the total 9

2023 SCHEDULE 8812 CREDIT LIMIT WORKSHEET B – CONT.

MADISON D & MERVYN J ROBLES
576-49-9177

Keep for Your Records

10. **1040 and 1040-SR filers.** Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3, line 11.

1040-NR filers. Enter the amount from Schedule 3, line 11.

10	
----	--

11. Subtract line 10 from line 9. If the result is zero or less, enter -0-

11	0
----	---

12. Enter the **larger** of line 5 or line 11.

12	18,918
----	--------

13. Enter the **smaller** of line 2 or line 12

13	4,800
----	-------

14. Is the amount on line 13 of this worksheet more than the amount on line 1?

☒ **No.** Subtract line 13 from line 1. Enter the result.
☐ **Yes.** Enter -0-.

--	--

14	1,200
----	-------

Next, figure the amount of any of the following credits that you are claiming.

- Mortgage interest credit, Form 8396.
- Adoption credit, Form 8839.
- Residential clean energy credit, Form 5695, Part I.
- District of Columbia first-time homebuyer credit, Form 8859.

Then, go to line 15.

15. Enter the total of the amounts from -

- Schedule 3, line 5a
- Schedule 3, line 6c
- Schedule 3, line 6g, and
- Schedule 3, line 6h

--	--

15	
----	--

Enter this amount on
line 4 of Credit Limit
Worksheet A.

**ENERGY EFFICIENT HOME IMPROVEMENT
CREDIT LIMIT WORKSHEET - LINE 31**

MADISON D & MERVYN J ROBLES
576-49-9177

Keep for Your Records

Use this worksheet to figure your credit limit.

-
1. Enter the amount from Form 1040, 1040-SR, or Form 1040-NR, line 18 1. 21,788
2. Enter the total of the following credit(s)/adjustment(s) if you are taking the credit(s)/adjustment(s) on your 2023 income tax return:
- + Negative Form 8978 Adjustment, Schedule 3 (Form 1040), line 6l _____
- + Foreign Tax Credit, Schedule 3 (Form 1040), line 1 _____
- + Credit for Child or Dependent Care Expenses, Schedule 3 (Form 1040), line 2 _____
- + Credit for the Elderly or the Disabled, Schedule R (Form 1040), line 22 _____
- + Nonrefundable Education Credits, Schedule 3 (Form 1040), line 3 _____
- + Retirement Savings Contributions Credit, Schedule 3 (Form 1040), line 4 _____
- Note.** Enter the total of the preceding credit(s)/adjustment(s), only if allowed and taken on your 2023 income tax return. Not all credits/adjustments are available for all years nor for all filers. See the instructions for your 2023 income tax return 2. _____
3. Subtract line 2 from line 1. Also enter this amount on Form 5695, line 31.
If zero or less, enter -0- on Form 5695, line 31 and 32 3. 21,788

**2023 FORM 5695 RESIDENTIAL CLEAN ENERGY
CREDIT LIMIT WORKSHEET – LINE 14**

MADISON D & MERVYN J ROBLES
576-49-9177

Keep for Your Records

- | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----------------------------|
| 1. Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18 | 1. | <u>21,788</u> |
| 2. Enter the total of the following credit(s)/adjustment(s) if you are taking the credit(s)/adjustment(s) on your 2023 income tax return: | | |
| + Negative Form 8978 Adjustment, Schedule 3 (Form 1040), line 6l | | <u> </u> |
| + Foreign Tax Credit, Schedule 3 (Form 1040), line 1 | | <u> </u> |
| + Credit for Child and Dependent Care Expenses, Schedule 3 (Form 1040), line 2 | | <u> </u> |
| + Credit for the Elderly or the Disabled, Schedule R (Form 1040), line 22 | | <u> </u> |
| + Nonrefundable Education Credits, Schedule 3 (Form 1040), line 3 | | <u> </u> |
| + Retirement Savings Contributions Credit, Schedule 3 (Form 1040), line 4 | | <u> </u> |
| + Energy efficient home improvement credit, Form 5695, line 32* | | <u>2,600</u> |
| + Credit for previously owned clean vehicles, Form 8936, line 18 | | <u> </u> |
| + New Clean Vehicle Credit, Personal use part, Form 8936, line 13 | | <u> </u> |
| + Child tax credit or credit for other dependents, Form 1040, 1040-SR, or 1040-NR, line 19* | | <u>1,200</u> |
| + Mortgage Interest Credit, Form 8396, line 9 | | <u> </u> |
| + Adoption Credit, Form 8839, line 16 | | <u> </u> |
| + Carryforward of the District of Columbia First-Time Homebuyer Credit, Form 8859, line 3 | | <u> </u> |
|
Note. Enter the total of the preceding credit(s)/adjustment(s), only if allowed and taken on your 2023 income tax return. Not all credits/adjustments are available for all years nor for all filers. See the instructions for your 2023 income tax return | | |
| | 2. | <u>3,800</u> |
| 3. Subtract line 2 from line 1. Also enter this amount on Form 5695, line 14. If zero or less, enter -0- on Form 5695, lines 14 and 15 | | |
| | 3. | <u>17,988</u> |

* Include the amount in the instructions for Schedule 8812 (Form 1040), Credit Limit Worksheet B, line 14, instead of the amount from Form 1040, 1040-SR, or 1040-NR, line 19, if the instructions for Schedule 8812 (Form 1040) direct you to complete Credit Limit Worksheet B.

2024 CARRYFORWARD INFORMATION

MADISON D & MERVYN J ROBLES
576-49-9177

Keep for Your Records

Itemized Returns Only – 2023 state and local tax refund (this amount may not be taxable in 2024)	_____
Charitable contributions carryover to 2024	_____
Estimated short-term capital loss carryover	_____
Estimated long-term capital loss carryover	_____
2023 tax liability (for 2024 Form 2210 purposes)	13,188
Form 8839: 2022 carryover of unqualified expenses	_____
Refund amount applied to 2024	_____
Disallowed investment interest in 2023	_____
Additional state taxes paid	_____
Form 8396: Mortgage interest credit from 2021	_____
Mortgage interest credit from 2022	_____
Mortgage interest credit from 2023	_____
Form 8801: Minimum tax credit carryforward	0
Potential 2024 IRA contribution from 2023 tax refund	_____

NOL carryforward:			
Regular Tax			
AMT Tax			
from 2003	_____	from 2003	_____
from 2004	_____	from 2004	_____
from 2005	_____	from 2005	_____
from 2006	_____	from 2006	_____
from 2007	_____	from 2007	_____
from 2008	_____	from 2008	_____
from 2009	_____	from 2009	_____
from 2010	_____	from 2010	_____
from 2011	_____	from 2011	_____
from 2012	_____	from 2012	_____
Gross NOL generated in 2023	_____	Gross AMT NOL generated in 2023	_____
To be absorbed in carryback period	_____	To be absorbed in carryback period	_____
Net carryforward from 2023	_____	Net carryforward from 2023	_____
Total carryforward to 2024	_____	Total carryforward to 2024	_____

- The amounts carried to next year from Schedule(s) E, pages 1 and/or 2, are found on Form 8582, Worksheet 6. Carryover AMT amounts are found on the AMT Form 8582, Worksheet 6.
- Foreign Tax Credit carryforward to 2024 _____
- General Business Credit carryforward to 2024 _____
- First-Time Homebuyer Credit Repayment carryforward to 2024 _____
- If there are Form(s) 6252 in this tax return, the gross profit ratio and prior payments received (including the current year payments) will carry forward from each Form 6252.
- Amounts from Form 6251, lines 16 through 18, lines 27 and 28 are automatically carried forward to 2024.

TAXABLE YEAR

2023

California Online e-file Return Authorization for Individuals

FORM

8453-OL

Your first name and initial MADISON D		Last name ROBLES		Suffix	Your SSN or ITIN 576-49-9177
If filing jointly, spouse's/RDP's first name and initial MERVYN J		Last name ROBLES		Suffix	Spouse's/RDP's SSN or ITIN 631-34-3861
Street address (number and street) or PO box 6196 McHaney Ct		Apt. no./ste. no.	PMB/private mailbox		Daytime telephone number 325-668-3600
City San Diego				State CA	Zip code 92114
Foreign country name		Foreign province/state/county			Foreign postal code

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income. See instructions 1 169,397

2 Refund or no amount due. See instructions 2

3 Amount you owe. See instructions 3 111

Part II Settle Your Account Electronically for Taxable Year 2023 (Pay by 4/15/2024)

4 ☐ Direct deposit of refund

5 ☒ Electronic funds withdrawal 5a Amount 111 5b Withdrawal date (mm/dd/yyyy) 04/09/2024

Part III Make Estimated Tax Payments for Taxable Year 2024 These are NOT installment payments for the current amount you owe.

	First Payment 4/15/2024	Second Payment 6/17/2024	Third Payment 9/16/2024	Fourth Payment 1/15/2025
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	12 The remaining amount of my refund for direct deposit
9 Routing number 322271627	13 Routing number
10 Account number 306369841	14 Account number
11 Type of account: <input checked="" 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. If I check Part II, box 5, I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 6 from the bank account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (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 2023 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.

Date

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

2023

California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

576-49-9177 ROBL 631-34-3861
MADISON D ROBLES
MERVYN J ROBLES

A
R
RP

6196 MCHANEY CT
SAN DIEGO CA 92114

01-18-1990 04-17-1979

Principal Residence

Enter your county at time of filing (see instructions)

☒

If 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 ☐ Single

4 ☐ Head of household (with qualifying person). See instructions.

2 ☒ Married/RDP filing jointly (even if only one spouse/RDP had income). See instr.

5 ☐ Qualifying surviving spouse/RDP. 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 instr. ... ☒ 6 ☐

► 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.

Exemptions

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

Whole dollars only

X \$144 = ☒ \$ 288

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1;

if both are visually impaired, enter 2. See instructions ... ☒ 8

X \$144 = ☒ \$

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 \$144 = ☒ \$

Your name: MADISON D ROBLES

Your SSN or ITIN: 576-49-9177

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

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="radio"/> LLEWYN	<input type="radio"/> LYLE	<input type="radio"/> MEYER
Last Name	<input type="radio"/> ROBLES	<input type="radio"/> ROBLES	<input type="radio"/> ROBLES
SSN. See instructions.	<input type="radio"/> 674178154	<input type="radio"/> 484495215	<input type="radio"/> 105553434
Dependent's relationship to you	<input type="radio"/> SON	<input type="radio"/> SON	<input type="radio"/> SON

Total dependent exemptions ● 10 X \$446 = ● \$

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 ● 11 \$ **12 State wages from your federal**Form(s) W-2, box 16 ● 12 **13** Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ● 13 **14** California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B. ● 14 **15** Subtract line 14 from line 13. If less than zero, enter the result in parentheses.See instructions 15 **16** California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C. ● 16 **17** California adjusted gross income. Combine line 15 and line 16 ● 17

18 Enter the larger of
 Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR**
 Your California **standard deduction** shown below for your filing status:
 ● Single or Married/RDP filing separately \$5,363
 ● Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP \$10,726

If Married/RDP filing separately or the box on line 6 is checked, **STOP**. See instructions .. ● 18 **19** Subtract line 18 from line 17. This is your **taxable income**.If less than zero, enter -0- ● 19 **31** Tax. Check the box if from: ☐ Tax Table ☒ Tax Rate Schedule● ☐ FTB 3800 ● ☐ FTB 3803 ● 31 **32** Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$237,035, see instructions ● 32 **33** Subtract line 32 from line 31. If less than zero, enter -0- ● 33 **34** Tax. See instructions. Check the box if from: ● ☐ Schedule G-1 ● ☐ FTB 5870A ● 34 **35** Add line 33 and line 34 ● 35 **40** Nonrefundable Child and Dependent Care Expenses Credit. See instructions ● 40 **43** Enter credit name code ● and amount ● 43 **44** Enter credit name code ● and amount ● 44

Your name: MADISON D ROBLES

Your SSN or ITIN: 576-49-9177

Special Credits

- 45 To claim more than two credits, see instructions. Attach Schedule P (540) • 45
- 46 Nonrefundable Renter's Credit. See instructions • 46
- 47 Add line 40 through line 46. These are your total credits • 47
- 48 Subtract line 47 from line 35. If less than zero, enter -0- • 48 6,436

Other Taxes

- 61 Alternative Minimum Tax. Attach Schedule P (540) • 61
- 62 Mental Health Services Tax. See instructions • 62
- 63 Other taxes and credit recapture. See instructions • 63
- 64 Add line 48, line 61, line 62, and line 63. This is your total tax • 64 6,436

Payments

- 71 California income tax withheld. See instructions • 71 6,325
- 72 2023 California estimated tax and other payments. See instructions • 72
- 73 Withholding (Form 592-B and/or Form 593). See instructions • 73
- 74 Excess SDI (or VPD) withheld. See instructions • 74
- 75 Earned Income Tax Credit (EITC). See instructions • 75
- 76 Young Child Tax Credit (YCTC). See instructions • 76
- 77 Foster Youth Tax Credit (FYTC). See instructions • 77
- 78 Add line 71 through line 77. These are your total payments.
See instructions • 78 6,325

Use Tax

- 91 Use Tax. Do not leave blank. See instructions • 91 0
- 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 0

Overpaid Tax/Tax Due

- 93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 • 93 6,325
- 94 Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91 • 94
- 95 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92,
subtract line 92 from line 93 • 95 6,325
- 96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93,
subtract line 93 from line 92 • 96
- 97 Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95 • 97

TXO

CA Form 540 C1 (2023)

Your name: MADISON D ROBLES

Your SSN or ITIN: 576-49-9177

Overpaid Tax/Tax Due	98	Amount of line 97 you want applied to your 2024 estimated tax	● 98	
	99	Overpaid tax available this year. Subtract line 98 from line 97	● 99	
	100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	● 100	111

Contributions		Code	Amount
	California Seniors Special Fund. See instructions	● 400	
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	● 401	
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	● 403	
	California Breast Cancer Research Voluntary Tax Contribution Fund	● 405	
	California Firefighters' Memorial Voluntary Tax Contribution Fund	● 406	
	Emergency Food for Families Voluntary Tax Contribution Fund	● 407	
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	● 408	
	California Sea Otter Voluntary Tax Contribution Fund	● 410	
	California Cancer Research Voluntary Tax Contribution Fund	● 413	
	School Supplies for Homeless Children Voluntary Tax Contribution Fund	● 422	
	State Parks Protection Fund/Parks Pass Purchase	● 423	
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	● 424	
	Keep Arts in Schools Voluntary Tax Contribution Fund	● 425	
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	● 438	
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	● 439	
	Rape Kit Backlog Voluntary Tax Contribution Fund	● 440	
	Suicide Prevention Voluntary Tax Contribution Fund	● 444	
	Mental Health Crisis Prevention Voluntary Tax Contribution Fund	● 445	
110	Add amounts in code 400 through code 445. This is your total contribution	● 110	0

TXO

CA Form 540 C1 (2023)

Your name: MADISON D ROBLES

Your SSN or ITIN: 576-49-9177

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.

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

111

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

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

Voter
Info.

For voter registration information, check the box and go to sos.ca.gov/elections. See instructions ☐

Health Care
Coverage Info.

Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions ☒ Yes ☒ No

Sign your tax return on Side 6

TXO

CA Form 540 C1 (2023)

Your name: MADISON D ROBLES

Your SSN or ITIN: 576-49-9177

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

mrs mrobles@gmail.com

325-668-3600

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**)

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

**Health Coverage Exemptions and Individual
Shared Responsibility Penalty**

Attach to your California Form 540, Form 540NR, or Form 540 2EZ.

Name(s) as shown on your California tax return

MADISON D ROBLES

SSN or ITIN

576-49-9177

Part I Applicable Household Members. List all members of your applicable household whether or not they have an exemption or an Exemption Certificate Number (ECN) granted by the Marketplace. See instructions.

1	First Name <input checked="" type="radio"/> MADISON	Initial <input checked="" type="radio"/> D	SSN <input checked="" type="radio"/> 576-49-9177	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/> 1/18/1990	Modified AGI <input checked="" type="radio"/> 169,397
	Last Name <input checked="" type="radio"/> ROBLES		ECN 1 <input checked="" type="radio"/> No ECN	ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
2	First Name <input checked="" type="radio"/> MERVYN	Initial <input checked="" type="radio"/> J	SSN <input checked="" type="radio"/> 631-34-3861	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/> 4/17/1979	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/> ROBLES		ECN 1 <input checked="" type="radio"/> No ECN	ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
3	First Name <input checked="" type="radio"/> Llewyn	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/> 674-17-8154	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/> 6/24/2014	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/> Robles		ECN 1 <input checked="" type="radio"/> No ECN	ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
4	First Name <input checked="" type="radio"/> Lyle	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/> 484-49-5215	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/> 6/7/2017	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/> Robles		ECN 1 <input checked="" type="radio"/> No ECN	ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
5	First Name <input checked="" type="radio"/> Meyer	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/> 105-55-3434	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/> 11/23/2021	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/> Robles		ECN 1 <input checked="" type="radio"/> No ECN	ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
6	First Name <input checked="" type="radio"/>	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/>	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/>	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/>		ECN 1 <input checked="" type="radio"/>	ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
7	First Name <input checked="" type="radio"/>	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/>	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/>	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/>		ECN 1 <input checked="" type="radio"/>	ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
8	First Name <input checked="" type="radio"/>	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/>	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/>	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/>		ECN 1 <input checked="" type="radio"/>	ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
9	First Name <input checked="" type="radio"/>	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/>	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/>	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/>		ECN 1 <input checked="" type="radio"/>	ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
10	First Name <input checked="" type="radio"/>	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/>	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/>	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/>		ECN 1 <input checked="" type="radio"/>	ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
11	First Name <input checked="" type="radio"/>	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/>	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/>	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/>		ECN 1 <input checked="" type="radio"/>	ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
12	First Name <input checked="" type="radio"/>	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/>	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/>	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/>		ECN 1 <input checked="" type="radio"/>	ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>

Part II Coverage Exemption Claimed on Your Tax Return for Your Household

- 1 If you are claiming a coverage exemption because your appl. household inc. or gross inc. is below the filing threshold, check the box here.
See instructions. ☒



Part III Coverage and Exemptions Claimed on Your Tax Return for Individuals. If you and/or a member of your applicable household are reporting any coverage or are claiming exemptions for the tax year, complete Part III. See instructions.

Coverage and Exemption Codes

		(a) Full- year	(b) Jan	(c) Feb	(d) Mar	(e) Apr	(f) May	(g) June	(h) July	(i) Aug	(j) Sept	(k) Oct	(l) Nov	(m) Dec
1	First Name MADISO	Initial D	<input checked="" type="radio"/>	<input checked="" type="radio"/> C	<input checked="" type="radio"/> C	<input checked="" type="radio"/> C	<input checked="" type="radio"/> Z	<input checked="" type="radio"/> Z	<input checked="" type="radio"/> Z	<input checked="" type="radio"/> Z	<input checked="" type="radio"/> Z	<input checked="" type="radio"/> Z	<input checked="" type="radio"/> Z	<input checked="" type="radio"/> Z
	Last Name ROBLES		<input checked="" type="radio"/> A	<input checked="" type="radio"/> A	<input checked="" type="radio"/> A	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
2	First Name MERVYN	Initial J	<input checked="" type="radio"/>	<input checked="" type="radio"/> C	<input checked="" type="radio"/> C	<input checked="" type="radio"/> C	<input checked="" type="radio"/> Z	<input checked="" type="radio"/> Z	<input checked="" type="radio"/> Z	<input checked="" type="radio"/> Z	<input checked="" type="radio"/> Z	<input checked="" type="radio"/> Z	<input checked="" type="radio"/> Z	<input checked="" type="radio"/> Z
	Last Name ROBLES		<input checked="" type="radio"/> A	<input checked="" type="radio"/> A	<input checked="" type="radio"/> A	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
3	First Name Llewyn	Initial 	<input checked="" type="radio"/>	<input checked="" type="radio"/> C	<input checked="" type="radio"/> C	<input checked="" type="radio"/> C	<input checked="" type="radio"/> Z	<input checked="" type="radio"/> Z	<input checked="" type="radio"/> Z	<input checked="" type="radio"/> Z	<input checked="" type="radio"/> Z	<input checked="" type="radio"/> Z	<input checked="" type="radio"/> Z	<input checked="" type="radio"/> Z
	Last Name Robles		<input checked="" type="radio"/> A	<input checked="" type="radio"/> A	<input checked="" type="radio"/> A	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
4	First Name Lyle	Initial 	<input checked="" type="radio"/>	<input checked="" type="radio"/> C	<input checked="" type="radio"/> C	<input checked="" type="radio"/> C	<input checked="" type="radio"/> Z	<input checked="" type="radio"/> Z	<input checked="" type="radio"/> Z	<input checked="" type="radio"/> Z	<input checked="" type="radio"/> Z	<input checked="" type="radio"/> Z	<input checked="" type="radio"/> Z	<input checked="" type="radio"/> Z
	Last Name Robles		<input checked="" type="radio"/> A	<input checked="" type="radio"/> A	<input checked="" type="radio"/> A	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
5	First Name Meyer	Initial 	<input checked="" type="radio"/>	<input checked="" type="radio"/> C	<input checked="" type="radio"/> C	<input checked="" type="radio"/> C	<input checked="" type="radio"/> Z	<input checked="" type="radio"/> Z	<input checked="" type="radio"/> Z	<input checked="" type="radio"/> Z	<input checked="" type="radio"/> Z	<input checked="" type="radio"/> Z	<input checked="" type="radio"/> Z	<input checked="" type="radio"/> Z
	Last Name Robles		<input checked="" type="radio"/> A	<input checked="" type="radio"/> A	<input checked="" type="radio"/> A	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
6	First Name 	Initial 	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
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7	First Name 	Initial 	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
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8	First Name 	Initial 	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	Last Name 		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
9	First Name 	Initial 	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	Last Name 		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
10	First Name 	Initial 	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	Last Name 		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
11	First Name 	Initial 	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	Last Name 		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
12	First Name 	Initial 	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	Last Name 		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Part IV Individual Shared Responsibility Penalty

1 Your Individual Shared Responsibility Penalty. Enter on Form 540, line 92; Form 540NR, line 91; or Form 540 2EZ, line 27.
See instructions 1 0

TAXABLE YEAR

FORM

2023 California e-file Payment Record for Individuals**8455**

Your name MADISON D ROBLES	Your SSN or ITIN 576-49-9177
Spouse's/RDP's name MERVYN J ROBLES	Spouse's/RDP's SSN or ITIN 631-34-3861

Part I Tax Return Information (whole dollars only)

- 1 California adjusted gross income. (Form 540, line 17; Form 540 2EZ, line 16; or Form 540NR, line 32) **1** 169,397
- 2 Amount you owe. (Form 540, line 111; Form 540 2EZ, line 35; Form 540NR, line 121; or Schedule X, line 7) **2** 111

Part II Return Payment Information for Taxable Year 2023 (pay by 4/15/2024)

- 3 Electronic funds withdrawal amount 111
- 4 Withdrawal date (mm/dd/yyyy) 04/09/2024

Part III Scheduled Estimated Tax Payments for Taxable Year 2024 These are **NOT** installments of the current amount you owe.

	First Payment 4/15/2024	Second Payment 6/17/2024	Third Payment 9/16/2024	Fourth Payment 1/15/2025
5 Amount				
6 Withdrawal date				

Part IV Banking Information for Electronic Funds Withdrawals from Parts II and III

- 7 Routing number 322271627
- 8 Account number 306369841
- 9 Type of account: ☒ Checking ☐ Savings

General Information

Form FTB 8455, California e-file Payment Record for Individuals, is a summary of electronic funds withdrawals that you have authorized with your 2023 e-file tax return as part of your California e-file Signature Authorization for Individuals (form FTB 8879). You are to receive a copy of form FTB 8455 or a comparable form at the time you sign form FTB 8879. Form FTB 8455 does not serve as proof of filing or proof of payment. Your proof of filing is the acknowledgement containing the date we accepted your tax return. Your proof of payment is your banking records.

Be sure the banking information is correct before transmitting your tax return. If the bank or financial institution rejects the electronic funds withdrawal due to an error in the routing number or account number, we will send you a notice that may include penalties and interest.

To cancel your tax return payment or an estimated tax payment, you must call FTB e-Programs Customer Service at 916.845.0353 at least two working days before the scheduled date of the payment.

If you cancel a payment, you are still liable for any amount you owe. Make your payments by the due dates above to avoid a late payment penalty. For more payment options, go to ftb.ca.gov/pay.

Franchise Tax Board Privacy Notice on Collection

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 -- Aviso de Privacidad del Franchise Tax Board sobre la Recaudacion. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

KEEP THIS FORM FOR YOUR RECORDS - DO NOT MAIL TO THE FRANCHISE TAX BOARD (FTB)

APPLICATION FOR SAN FRANCISCO WORKING FAMILIES CREDIT

WHAT IS THE WORKING FAMILIES CREDIT?

The Working Families Credit is a commitment by the City of San Francisco to help families who qualify for the federal Earned Income Tax Credit (EITC) – or the California Earned Income Tax Credit (CalEITC) if they have an Individual Taxpayer Identification Number (ITIN) – to keep more of what they earn. Eligible families will receive a Credit up to \$250 from the City in addition to their federal EITC or CalEITC payment, subject to available funds.

This credit will not count as income for determining eligibility for most public benefit programs.

Like last year, families that received the credit before can receive it again this year.

Remember: families that file taxes using an ITIN and qualify for the CalEITC are eligible for the Working Families Credit.

INSTRUCTIONS

Step 1: Check if you are eligible

You are eligible if you meet **all six** of the criteria below:

1. You earned less than \$63,398 in 2023 if you filed your taxes using a Social Security Number (SSN) or \$30,000 if you filed your taxes using an ITIN.
2. You claim and qualify for either (A) the federal EITC, if you filed your taxes using a SSN, or (B) the CalEITC, if you filed your taxes using an ITIN.
3. If married, your spouse is not applying for the Working Families Credit this year.
4. You are claiming at least one qualifying dependent child on your federal tax filing who is either: A) under age 19; B) under age 24 and a full-time student; or C) permanently and totally disabled.
5. You live in San Francisco.
6. You have filed taxes by the April 15 deadline.

Step 2: Complete the application

Complete and sign the application forms on page 2. You can complete the application yourself or have a tax preparer complete it for you. You can also submit an online application at www.sfhsa.org/applyWFC or download and print paper copies.

Step 3: For direct deposit to a checking or savings account, you must mark the correct boxes on page 2 and provide the complete routing number and account number in the spaces provided. For direct deposit to a **checking account**, you must **attach a voided check**, a copy of your **bank statement**, or a **direct deposit form** from your financial institution (bank, credit union, or prepaid card company) to your application. If you want a direct deposit to a savings account, contact your bank or credit union for the routing number for receiving an electronic deposit from a third party.

Step 4: Submit by April 15, 2024 and include a copy of either (A) your federal tax return, if you filed using a SSN, or (B) your state tax return, if you filed using an ITIN.

Send your completed application and a copy of your tax return to:

**City and County of San Francisco – HSA
WFC Program
PO Box 7988
San Francisco, CA 94120**

Or deliver to HSA, 170 Otis Street, reception desk (first floor), or any free tax preparation site in San Francisco.

Applications must be postmarked or delivered by April 15, 2024.

Step 5: Receive your Working Families Credit in September

If your application is successful, you will receive your Working Families Credit in September 2024, subject to availability of funds.

For more information about the WFC Program, call 415-557-6284 or send an email to wfc@sfgov.org

City and County of San Francisco

APPLICATION FOR SAN FRANCISCO WORKING FAMILIES CREDIT

THIS APPLICATION MUST BE SUBMITTED OR POSTMARKED BY APRIL 15, 2024 TO BE CONSIDERED.

AM I ELIGIBLE? *FINAL ELIGIBILITY WILL BE DETERMINED BY THE CITY AND COUNTY OF SAN FRANCISCO.**Complete this checklist to determine your eligibility for the credit.**

- (1.A) I am claiming the federal Earned Income Tax Credit and have included a copy of my federal tax return with this application. ☐ True ☐ False
- (1.B) Or: I have an ITIN, I am claiming the California Earned Income Tax Credit, and I have included a copy of my state tax return with this application. ☐ True ☐ False
-
2. (If married), my spouse is not applying for the Working Families Credit this year. ☐ True ☐ False
3. I claimed at least one qualifying dependent child on my tax filing who is either: A) under age 19; B) under age 24 and a full-time student; or C) permanently and totally disabled. ☒ True ☐ False
4. I am a current San Francisco resident and I was a San Francisco resident at the time of my tax filing ☐ True ☐ False

If you answered FALSE to any statement above, STOP. You cannot apply for the credit.

LAST NAME: (PLEASE print in CAPITAL letters)

ROBLES

FIRST NAME: (PLEASE print in CAPITAL letters)

MADISON

MI

D

SOCIAL SECURITY NUMBER:

576-49-9177

SPOUSE'S LAST NAME: (if filing taxes jointly)

ROBLES

SPOUSE'S FIRST NAME:

MERVYN

SPOUSE'S SOCIAL SECURITY NUMBER:

631-34-3861

PHONE NUMBER:

325-668-3600

ADDRESS:

6196 MCHANEY CT

CITY:

SAN DIEGO

STATE:

CA

ZIP:

92114

DATE OF BIRTH (MM/DD/YYYY):

01-18-1990

E-MAIL ADDRESS: MRSMROBLES@GMAIL.COM

You may receive your credit in the form of a **check or by direct deposit.**☐ I would like to receive a check up to \$250.☐ I would like to receive up to \$250 direct deposited to my bank account.*You **must** mark the type of account being used: ☐ Checking account ☐ Savings account

Bank Routing Number:

Account Number:

*IF THERE IS A CHANGE TO YOUR BANK ACCOUNT INFORMATION, YOU MUST CONTACT THE WFC PROGRAM TO ENSURE YOU RECEIVE THE FULL CREDIT.

How did you hear about the Working Families Credit? Please mark all that apply:

- ☐ Online website ☐ Bus Ad ☐ Social Media ☐ Mailer / Postcard
- ☐ Friend / Family ☐ Poster / flyer ☐ Free Tax Preparer ☐ Paid Tax Preparer

Certification

- To the best of my knowledge the information provided on this application is true and correct. I understand that the City and County of San Francisco may verify the information using my tax transcript from the Internal Revenue Service.
- I know that Working Families Credit benefits may be denied if any information on this application is found to be untrue or is left off the application.
- I understand that receipt of the credit is subject to availability of funds.

Applicant's Signature

Date

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2023