

**2016 California Resident Income Tax Return****540**

Fiscal year filers only: Enter month of year end: month \_\_\_\_\_ year 2017.

Your first name	Initial	Last name	Suffix	Your SSN or ITIN	<input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> RP
<input style="width:95%;" type="text"/>	<input style="width:20%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:20%;" type="text"/>	<input style="width:95%;" type="text"/>	
If joint tax return, spouse's/RDP's first name	Initial	Last name	Suffix	Spouse's/RDP's SSN or ITIN	
<input style="width:95%;" type="text"/>				<input style="width:20%;" type="text"/>	<input style="width:95%;" type="text"/>
Additional information (see instructions)				PBA code	
<input style="width:95%;" type="text"/>				<input style="width:20%;" type="text"/>	
Street address (number and street) or PO box			Apt. no/ste. no.	PMB/private mailbox	
<input style="width:95%;" type="text"/>			<input style="width:20%;" type="text"/>	<input style="width:95%;" type="text"/>	
City (If you have a foreign address, see instructions)			State	ZIP code	
<input style="width:95%;" type="text"/>			<input style="width:20%;" type="text"/>	<input style="width:95%;" type="text"/>	
Foreign country name		Foreign province/state/county		Foreign postal code	
<input style="width:95%;" type="text"/>		<input style="width:95%;" type="text"/>		<input style="width:95%;" type="text"/>	

Date of Birth	Your DOB (mm/dd/yyyy) <input style="width:95%;" type="text"/>	Spouse's/RDP's DOB (mm/dd/yyyy) <input style="width:95%;" type="text"/>
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Prior Name	If you filed your 2015 tax return under a different last name, write the last name only from the 2015 tax return.	
	Taxpayer <input style="width:95%;" type="text"/>	Spouse/RDP <input style="width:95%;" type="text"/>

Filing Status	1 <input type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). See instructions.
	2 <input type="checkbox"/> Married/RDP filing jointly. See inst.	5 <input type="checkbox"/> Qualifying widow(er) with dependent child. Enter year spouse/RDP died <input style="width:20%;" type="text"/>
	3 <input type="checkbox"/> Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here <input style="width:95%;" type="text"/>	
	If your California filing status is different from your federal filing status, check the box here <input type="checkbox"/>	

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst. ☐ 6

► For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. **Whole dollars only**

<b>7 Personal:</b> 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.	<input type="radio"/> 7	<input style="width:20%;" type="text"/> X \$111 =	<input style="width:95%;" type="text"/>
<b>8 Blind:</b> If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2	<input type="radio"/> 8	<input style="width:20%;" type="text"/> X \$111 =	<input style="width:95%;" type="text"/>
<b>9 Senior:</b> If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2	<input type="radio"/> 9	<input style="width:20%;" type="text"/> X \$111 =	<input style="width:95%;" type="text"/>

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

Exemptions	<b>Dependent 1</b> First Name <input style="width:95%;" type="text"/> Last Name <input style="width:95%;" type="text"/> SSN <input style="width:95%;" type="text"/> Dependent's relationship to you <input style="width:95%;" type="text"/>	<b>Dependent 2</b> First Name <input style="width:95%;" type="text"/> Last Name <input style="width:95%;" type="text"/> SSN <input style="width:95%;" type="text"/> Dependent's relationship to you <input style="width:95%;" type="text"/>	<b>Dependent 3</b> First Name <input style="width:95%;" type="text"/> Last Name <input style="width:95%;" type="text"/> SSN <input style="width:95%;" type="text"/> Dependent's relationship to you <input style="width:95%;" type="text"/>
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Total dependent exemptions  X \$344 =

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

Your name:

Your SSN or ITIN:

Taxable Income

- 12 State wages from your Form(s) W-2, box 16. . . . . ● 12  .00
- 13 Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4. . . . . ● 13  .00
- 14 California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B . . . . . ● 14  .00
- 15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions . . . . . 15  .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  .00
- 18 Enter the **larger of** { 
 Your California **itemized deductions** from Schedule CA (540), line 44; **OR**  
 Your California **standard deduction** shown below for your filing status:  
 • Single or Married/RDP filing separately. . . . . \$4,129  
 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . . . \$8,258  
 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions . . .
  } ● 18  .00
- 19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- . . . . . ● 19  .00

Tax

- 31 Tax. Check the box if from: ☐ Tax Table ☐ Tax Rate Schedule  
☐ FTB 3800 ☐ FTB 3803 . . . . . ● 31  .00
- 32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$182,459, see instructions . . . . . ● 32  .00
- 33 Subtract line 32 from line 31. If less than zero, enter -0- . . . . . ● 33  .00
- 34 Tax. See instructions. Check the box if from: ● ☐ Schedule G-1 ● ☐ FTB 5870A. . . . . ● 34  .00
- 35 Add line 33 and line 34 . . . . . ● 35  .00

Special Credits

- 40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions . . . . . ● 40  .00
- 43 Enter credit name  code ●  and amount . . . . . ● 43  .00
- 44 Enter credit name  code ●  and amount . . . . . ● 44  .00
- 45 To claim more than two credits, see instructions. Attach Schedule P (540). . . . . ● 45  .00
- 46 Nonrefundable renter's credit. See instructions . . . . . ● 46  .00
- 47 Add line 40 through line 46. These are your total credits. . . . . ● 47  .00
- 48 Subtract line 47 from line 35. If less than zero, enter -0- . . . . . ● 48  .00

Other Taxes

- 61 Alternative minimum tax. Attach Schedule P (540) . . . . . ● 61  .00
- 62 Mental Health Services Tax. See instructions. . . . . ● 62  .00
- 63 Other taxes and credit recapture. See instructions. . . . . ● 63  .00
- 64 Add line 48, line 61, line 62, and line 63. This is your total tax . . . . . ● 64  .00

Your name:

Your SSN or ITIN:

Payments

- |           |  |           |                      |     |
|-----------|--|-----------|----------------------|-----|
| <b>71</b> | California income tax withheld. See instructions . . . . .                         | <b>71</b> | <input type="text"/> | .00 |
| <b>72</b> | 2016 CA estimated tax and other payments. See instructions . . . . .               | <b>72</b> | <input type="text"/> | .00 |
| <b>73</b> | Withholding (Form 592-B and/or 593). See instructions . . . . .                    | <b>73</b> | <input type="text"/> | .00 |
| <b>74</b> | Excess SDI (or VPD) withheld. See instructions . . . . .                           | <b>74</b> | <input type="text"/> | .00 |
| <b>75</b> | Earned Income Tax Credit (EITC) . . . . .  | <b>75</b> | <input type="text"/> | .00 |
| <b>76</b> | Add lines 71 through 75. These are your total payments. See instructions . . . . . | <b>76</b> | <input type="text"/> | .00 |

Use Tax

- |           |                                     |           |                      |     |
|-----------|-------------------------------------|-----------|----------------------|-----|
| <b>91</b> | Use Tax. See instructions . . . . . | <b>91</b> | <input type="text"/> | .00 |
|-----------|-------------------------------------|-----------|----------------------|-----|

Overpaid Tax/Tax Due

- |           |  |           |                      |     |
|-----------|--|-----------|----------------------|-----|
| <b>92</b> | Payments balance. If line 76 is more than line 91, subtract line 91 from line 76 . . . . . | <b>92</b> | <input type="text"/> | .00 |
| <b>93</b> | Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91 . . . . .  | <b>93</b> | <input type="text"/> | .00 |
| <b>94</b> | Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92 . . . . .     | <b>94</b> | <input type="text"/> | .00 |
| <b>95</b> | Amount of line 94 you want applied to your <b>2017</b> estimated tax . . . . .             | <b>95</b> | <input type="text"/> | .00 |
| <b>96</b> | Overpaid tax available this year. Subtract line 95 from line 94 . . . . .                  | <b>96</b> | <input type="text"/> | .00 |
| <b>97</b> | Tax due. If line 92 is less than line 64, subtract line 92 from line 64 . . . . .          | <b>97</b> | <input type="text"/> | .00 |

This space reserved for 2D barcode

This space reserved for 2D barcode

Your name:

Your SSN or ITIN:

Contributions

	<u>Code</u>	<u>Amount</u>
California Seniors Special Fund. See instructions . . . . .	● 400	<input type="text"/> .00
Alzheimer's Disease/Related Disorders Fund . . . . .	● 401	<input type="text"/> .00
Rare and Endangered Species Preservation Program . . . . .	● 403	<input type="text"/> .00
California Breast Cancer Research Fund . . . . .	● 405	<input type="text"/> .00
California Firefighters' Memorial Fund . . . . .	● 406	<input type="text"/> .00
Emergency Food for Families Fund . . . . .	● 407	<input type="text"/> .00
California Peace Officer Memorial Foundation Fund. . . . .	● 408	<input type="text"/> .00
California Sea Otter Fund . . . . .	● 410	<input type="text"/> .00
California Cancer Research Fund . . . . .	● 413	<input type="text"/> .00
Child Victims of Human Trafficking Fund . . . . .	● 419	<input type="text"/> .00
School Supplies for Homeless Children Fund . . . . .	● 422	<input type="text"/> .00
State Parks Protection Fund/Parks Pass Purchase. . . . .	● 423	<input type="text"/> .00
Protect Our Coast and Oceans Fund . . . . .	● 424	<input type="text"/> .00
Keep Arts in Schools Fund . . . . .	● 425	<input type="text"/> .00
State Children's Trust Fund for the Prevention of Child Abuse . . . . .	● 430	<input type="text"/> .00
Prevention of Animal Homelessness and Cruelty Fund . . . . .	● 431	<input type="text"/> .00
Revive the Salton Sea Fund . . . . .	● 432	<input type="text"/> .00
California Domestic Violence Victims Fund . . . . .	● 433	<input type="text"/> .00
Special Olympics Fund. . . . .	● 434	<input type="text"/> .00
Type 1 Diabetes Research Fund . . . . .	● 435	<input type="text"/> .00
<b>110</b> Add code 400 through code 435. This is your total contribution . . . . .	● 110	<input type="text"/> .00

Your name:

Your SSN or ITIN:

**111 AMOUNT YOU OWE.** If you do not have an amount on line 96, add line 93, line 97, and line 110. See instructions. **Do not send cash.**Mail to: **FRANCHISE TAX BOARD****PO BOX 942867****SACRAMENTO CA 94267-0001**

● 111

Pay online – Go to **ftb.ca.gov** for more information.Amount  
You OweInterest and  
Penalties**112** Interest, late return penalties, and late payment penalties

112

**113** Underpayment of estimated tax. Check the box: ● ☐ **FTB 5805 attached** ● ☐ **FTB 5805F attached** ● 113
**114** Total amount due. See instructions. Enclose, but **do not** staple, any payment.
**115 REFUND OR NO AMOUNT DUE.** Subtract the sum of line 110, line 112 and line 113 from line 96. See instructions.Mail to: **FRANCHISE TAX BOARD****PO BOX 942840****SACRAMENTO CA 94240-0001**

● 115

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

☐

Savings

● Account number

● 116 Direct deposit amount

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Type

● Routing number

☐

Checking

☐

Savings

● 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.To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to **ftb.ca.gov** and search for **privacy notice**. To request this notice by mail, call 800.852.5711. Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

Date

Spouse's/RDP's signature (if a joint tax return, both must sign)

**Sign  
Here**It is unlawful  
to forge a  
spouse's/RDP's  
signature.Joint tax return?  
(See instructions)

● Your email address. Enter only one email address.

● Preferred phone number

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

Firm's name (or yours, if self-employed)

● PTIN

Firm's address

● FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. . . ● ☐ Yes ● ☐ No

Print Third Party Designee's Name

Telephone Number