

# Electronic Filing Instructions for your 2016 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



Yojana V Patil  
6263 acorn street, Apt. 10  
San Diego, CA 92115

<b>Balance Due/Refund</b>	Your federal tax return (Form 1040EZ) shows a refund due to you in the amount of \$1,381.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 753622369 Routing Transit Number: 322271627.		
<b>When Will You Get Your Refund?</b>	The IRS issued more than 9 out of 10 refunds to taxpayers in less than 21 days last year. The same results are expected in 2017. To get your estimated refund date from TurboTax, log into My TurboTax at <a href="http://www.turbotax.com">www.turbotax.com</a> . If you do not receive your refund within 21 days, or the amount you get is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check <a href="http://www.irs.gov">www.irs.gov</a> and select the "Where's my refund?" link.		
<b>What You Need to Keep</b>	Your Electronic Filing Instructions (this form) Printed copy of your federal return		
<b>2016 Federal Tax Return Summary</b>	Adjusted Gross Income	\$	11,136.00
	Taxable Income	\$	786.00
	Total Tax	\$	79.00
	Total Payments/Credits	\$	1,460.00
	Amount to be Refunded	\$	1,381.00
	Effective Tax Rate		0.71%



Hi Yojana,

We just want to thank you for using TurboTax this year! It's our goal to make your taxes easy and accurate, year after year.

With TurboTax Federal Free Edition:

- Your filed return has 100% guaranteed accurate calculations\*
- You received a printed copy of your return with supporting documents for your records

Many happy returns from TurboTax.

Form  
**1040EZ****Income Tax Return for Single and  
Joint Filers With No Dependents** (99)**2016**

OMB No. 1545-0074

Your first name and initial <b>Yojana V</b>		Last name <b>Patil</b>		Your social security number <b>674   97   2508</b>	
If a joint return, spouse's first name and initial		Last name		Spouse's social security number 	
Home address (number and street). If you have a P.O. box, see instructions. <b>6263 acorn street</b>				Apt. no. <b>10</b>	▲ Make sure the SSN(s) above are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>San Diego CA 92115</b>					
Foreign country name		Foreign province/state/county		Foreign postal code	

<b>Income</b>  Attach Form(s) W-2 here.  Enclose, but do not attach, any payment.	<b>1</b>	Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.	<b>1</b>	<b>11,136.</b>
	<b>2</b>	Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.	<b>2</b>	
	<b>3</b>	Unemployment compensation and Alaska Permanent Fund dividends (see instructions).	<b>3</b>	
	<b>4</b>	Add lines 1, 2, and 3. This is your <b>adjusted gross income</b> .	<b>4</b>	<b>11,136.</b>
	<b>5</b>	If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. <input type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$10,350 if <b>single</b> ; \$20,700 if <b>married filing jointly</b> . See back for explanation.	<b>5</b>	<b>10,350.</b>
	<b>6</b>	Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your <b>taxable income</b> .	<b>6</b>	<b>786.</b>
	<b>7</b>	Federal income tax withheld from Form(s) W-2 and 1099.	<b>7</b>	<b>1,460.</b>
	<b>8a</b>	<b>Earned income credit (EIC)</b> (see instructions)	<b>8a</b>	
	<b>b</b>	Nontaxable combat pay election. <b>8b</b>		
	<b>9</b>	Add lines 7 and 8a. These are your <b>total payments and credits</b> .	<b>9</b>	<b>1,460.</b>
<b>Payments, Credits, and Tax</b>	<b>10</b>	<b>Tax.</b> Use the amount on <b>line 6 above</b> to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line.	<b>10</b>	<b>79.</b>
	<b>11</b>	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	<b>11</b>	<b>0.</b>
	<b>12</b>	Add lines 10 and 11. This is your <b>total tax</b> .	<b>12</b>	<b>79.</b>
	<b>13a</b>	If line 9 is larger than line 12, subtract line 12 from line 9. This is your <b>refund</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>13a</b>	<b>1,381.</b>
<b>Refund</b>  Have it directly deposited! See instructions and fill in 13b, 13c, and 13d, or Form 8888.	<b>b</b>	Routing number <b>3   2   2   2   7   1   6   2   7</b>	<b>c</b>	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
	<b>d</b>	Account number <b>7   5   3   6   2   2   3   6   9</b>		
<b>Amount You Owe</b>	<b>14</b>	If line 12 is larger than line 9, subtract line 9 from line 12. This is the <b>amount you owe</b> . For details on how to pay, see instructions.	<b>14</b>	

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

<b>Sign Here</b>  Joint return? See instructions.  Keep a copy for your records.	Under penalties of perjury, I declare that I have examined this return and, to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.			
	Your signature	Date	Your occupation <b>Student</b>	Daytime phone number <b>(619) 788-6424</b>
	Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

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

# Tax History Report

► Keep for your records

2016

Name(s) Shown on Return

Yojana V Patil

	Five Year Tax History:				
	2012	2013	2014	2015	2016
Filing status . . . . .					Single
Total income . . . . .					11,136.
Adjustments to income					
Adjusted gross income					11,136.
Tax expense . . . . .					531.
Interest expense . . .					
Contributions . . . . .					
Miscellaneous deductions. . . . .					
Other Itemized Deductions . . . . .					0.
Total itemized/standard deduction . .					6,300.
Exemption amount . .					4,050.
Taxable income . . . .					786.
Tax. . . . .					79.
Alternative min tax . .					
Total credits . . . . .					
Other taxes . . . . .					0.
Payments . . . . .					1,460.
Form 2210 penalty . .					
Amount owed . . . . .					
Applied to next year's estimated tax .					
Refund. . . . .					1,381.
Effective tax rate % . .					0.71
**Tax bracket % . . .					10.0

\*\*Tax bracket % is based on Taxable income.

# Healthcare Entry Sheet

► Keep for your records

2016

The forms associated with healthcare (8965, 8962, 1095-A, 1095-B, 1095-C, and this Healthcare Entry Sheet) all interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

**Yes No/Partial**

☐ ☐ Everyone on the tax return was covered by health insurance all year.

If everyone on the return was covered and there was no Market Place coverage (Form 1095-A) then check the YES box above - no other action is required. The 1095-B or 1095-C can be used to verify coverage but you do not need to enter the information if everyone on the return was covered.

**Health Insurance Coverage for Individuals:** Use this form to report healthcare coverage for individuals for months:

- not reported on 1095-A, 1095-B or 1095-C
- not covered by employer
- months not covered by an exemption

**Note:** The 1095-A information **must** be entered on Form 1095-A in order to correctly calculate any Premium Tax Credit. The 1095-B or the 1095-C months can be entered directly in the table below.

If applicable enter information on form 1095-A, Health Insurance Marketplace Statement

**Note:** The IRS is not requiring the 1095-B or 1095-C be filed with the returns. To track the months covered you can either enter on the 1095-B and/or 1095-C or check the boxes below

If applicable enter information on form 1095-B, Health Coverage

If applicable enter information on form 1095-C, Employer-Provided Health Insurance Offer and Coverage

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 8965

**Note:** Do not enter the name, SSN, or date of birth directly on the table below. Instead, enter the information at the bottom of the Personal Information Worksheet or Dependent and Nondependent Information Worksheet.

Or if you check the box at the top "Yes" that "Everyone on the tax return was covered by health insurance all year." the covered all 12 months box will be marked for all the individuals below regardless of what is entered on the Personal Information or Dependent and Nondependent Information Worksheet.

Short Gap  
Eligible\*  
Yes No

a. Name of covered individual(s)			Covered all 12 months													T
b. SSN		c. DOB		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
1	Yojana	Patil		Short gap:			Yes	X	No							
	674-97-2508	11/26/92	X	X	X	X	X	X	X	X	X	X	X	X	X	
2				Short gap:			Yes		No							
3				Short gap:			Yes		No							
4				Short gap:			Yes		No							
5				Short gap:			Yes		No							
6				Short gap:			Yes		No							

\* See help for explanation of short gap Yes/No box function. It affects the calculation of short gap coverage for January and February based on answer, which indicates whether coverage at end of prior year qualify months for short gap eligibility.

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the **Health Care Individual Responsibility Smart Worksheet** on Form 8965. . . . . ►

**Completion checkbox:**

☒ Check this box once you are finished with all the healthcare related entries.

## 2016

Social Security Number

674-97-2508

**Estimated Tax Payments for 2016** (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/18/16		04/18/16			04/18/16		
2	06/15/16		06/15/16			06/15/16		
3	09/15/16		09/15/16			09/15/16		
4	01/17/17		01/17/17			01/17/17		
5								
<b>Tot Estimated Payments . . .</b>								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2016 . . . .					
7	Credited by estates and trusts . . . .					
8	<b>Totals</b> Lines 1 through 7 . . . . .					
9	2016 extensions . . . . .					

Taxes Withheld From:					Federal	State	Local
10	Forms W-2 . . . . .				1,460.	431.	
11	Forms W-2G . . . . .						
12	Forms 1099-R . . . . .						
13	Forms 1099-MISC, 1099-K and 1099-G . . . . .						
14	Schedules K-1 . . . . .						
15	Forms 1099-INT, DIV and OID . . . . .						
16	Social Security and Railroad Benefits . . . . .						
17	Form 1099-B . . . . .	St	_____	Loc	_____		
18 a	Other withholding . . . . .	St	_____	Loc	_____		
b	Other withholding . . . . .	St	_____	Loc	_____		
c	Other withholding . . . . .	St	_____	Loc	_____		
d	Positive Adjustment . . . . .	St	_____	Loc	_____		
e	Negative Adjustment . . . . .	St	_____	Loc	_____		
f	Additional Medicare Tax . . . . .						
19	<b>Total Withholding</b> Lines 10 through 18f . . . . .						
					1,460.	431.	
20	<b>Total Tax Payments for 2016</b> . . . . .				1,460.	431.	

Prior Year Taxes Paid In 2016 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
21	Tax paid with 2015 extensions . . . . .				
22	2015 estimated tax paid after 12/31/2015 . . . . .				
23	Balance due paid with 2015 return . . . . .				
24	Other (amended returns, installment payments, etc) . .				

# Federal Carryover Worksheet

2016

► Keep for your records

Name(s) Shown on Return

Yojana V Patil

Social Security Number

674-97-2508

## 2015 State and Local Income Tax Information (See Tax Help)

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
<b>Totals . .</b>						

## Other Tax and Income Information

			2015	2016
1	Filing status . . . . .	1		1 Single
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .	2		
3	Itemized deductions . . . . .	3		531.
4	Check box if required to itemize deductions . . . . .	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .	5		11,136.
6	Tax liability for Form 2210 or Form 2210-F . . . . .	6		79.
7	Alternative minimum tax . . . . .	7		
8	Federal overpayment applied to next year estimated tax . . . . .	8		

QuickZoom to the IRA Information Worksheet for IRA information . . . . . ►

## Excess Contributions

			2015	2016
9 a	Taxpayer's excess Archer MSA contributions as of 12/31 . . . . .	9 a		
b	Spouse's excess Archer MSA contributions as of 12/31 . . . . .	b		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31 . . . . .	10 a		
b	Spouse's excess Coverdell ESA contributions as of 12/31 . . . . .	b		
11 a	Taxpayer's excess HSA contributions as of 12/31 . . . . .	11 a		
b	Spouse's excess HSA contributions as of 12/31 . . . . .	b		

## Loss and Expense Carryovers

Note: Enter all entries as a positive amount

			2015	2016
12 a	Short-term capital loss . . . . .	12 a		
b	AMT Short-term capital loss . . . . .	b		
13 a	Long-term capital loss . . . . .	13 a		
b	AMT Long-term capital loss . . . . .	b		
14 a	Net operating loss available to carry forward . . . . .	14 a		
b	AMT Net operating loss available to carry forward . . . . .	b		
15 a	Investment interest expense disallowed . . . . .	15 a		
b	AMT Investment interest expense disallowed . . . . .	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 2016 . . . . .	b		
	b 2015 . . . . .	c		
	c 2014 . . . . .	d		
	d 2013 . . . . .	e		
	e 2012 . . . . .	f		
	f 2011 . . . . .			

# Electronic Filing Instructions for your 2016 California Tax Return

Important: Your taxes are not finished until all required steps are completed.



Yojana V Patil  
6263 acorn street APT 10  
San Diego, CA 92115

<b>Balance Due/Refund</b>	Your California state tax return (Form 540) shows a refund due to you in the amount of \$431.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 753622369 Routing Transit Number: 322271627.		
<b>Where's My Refund?</b>	Before you call the Franchise Tax Board with questions about your refund, give them 21 days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the Franchise Tax Board directly at 1-800-338-0505. From outside of California use 1-916-845-6500. You can also visit the Franchise Tax Board web site at <a href="http://www.ftb.ca.gov/online/refund/">http://www.ftb.ca.gov/online/refund/</a> .		
<b>What You Need to Sign</b>	Sign and date Form 8453-OL within 1 day of acceptance.		
<b>Do Not Mail</b>	Do not mail a paper copy of your tax return. Since you filed electronically, the Franchise Tax Board already has your return.		
<b>What You Need to Keep</b>	Your Electronic Filing Instructions (this form) - Form 8453-OL and attachment(s) Printed copy of your state and federal returns		
<b>2016 California Tax Return Summary</b>	Taxable Income	\$	7,007.00
	Total Tax	\$	0.00
	Total Payments/Credits	\$	431.00
	Amount to be Refunded	\$	431.00
	Effective Tax Rate		0.00%



TAXABLE YEAR

**2016****California Online e-file Return Authorization  
for Individuals**

FORM

**8453-OL**

Your first name and initial YOJANA V		Last name PATIL	Suffix	Your SSN or ITIN 674-97-2508
If filing jointly, spouse's/RDP's first name		Last name	Suffix	Spouse's/RDP's SSN or ITIN
Street address (number and street) or PO box 6263 ACORN STREET		Apt. no. APT 10	PMB/private mailbox	Daytime telephone number ( 619 ) 788-6424
City SAN DIEGO			State CA	ZIP code 92115
Foreign country name		Foreign province/state/county		Foreign postal code

**Part I Tax Return Information** (whole dollars only)

- 1 California adjusted gross income. (Form 540, line 17; Form 540 2EZ, line 16; Long Form 540NR, line 32; or Short Form 540NR, line 32). . . . . **1** 11,136.
- 2 Refund or no amount due. (Form 540, line 115; Form 540 2EZ, line 32; Long Form 540NR, line 125; or Short Form 540NR, line 125). . . . . **2** 431.
- 3 Amount you owe. (Form 540, line 111; Form 540 2EZ, line 31; Long Form 540NR, line 121; or Short Form 540NR, line 121). . . . . **3**

**Part II Settle Your Account Electronically for Taxable Year 2016** (Payment due 4/18/2017)

- 4 ☒ Direct deposit of refund
- 5 ☐ Electronic funds withdrawal **5a** Amount \_\_\_\_\_ **5b** Withdrawal date (mm/dd/yyyy) \_\_\_\_\_

**Part III Make Estimated Tax Payments for Taxable Year 2017** These are not installment payments for the current amount you owe.

	First Payment Due 4/18/2017	Second Payment Due 6/15/2017	Third Payment Due 9/15/2017	Fourth Payment Due 1/16/2018
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 431. **12** The remaining amount of my refund for direct deposit \_\_\_\_\_
- 9 Routing number 322271627 **13** Routing number \_\_\_\_\_
- 10 Account number 753622369 **14** Account number \_\_\_\_\_
- 11 Type of account: ☒ Checking ☐ Savings **15** Type of account: ☐ Checking ☐ Savings

**Part V Declaration of Taxpayer(s)**

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

Under penalties of perjury, I declare that the information I provided to the Franchise Tax Board (FTB), either directly or through e-file software, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above, agrees with the information and amounts shown on the corresponding lines of my 2016 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my return and accompanying schedules and statements to be transmitted to the FTB directly or through the e-file software. **If the processing of my return or refund is delayed, I authorize the FTB to disclose to me, either directly or through the e-file software, the reason(s) for the delay or the date when the refund was sent.**

**Sign  
Here**

Your signature

Date

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

Date

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

APE

DO NOT ATTACH FEDERAL RETURN

674-97-2508 PATI  
YOJANA V PATIL

16

A  
R  
RP6263 ACORN STREET  
SAN DIEGO CA 92115

APT 10

11-26-1992

<b>Filing Status</b>	1	<input checked="" 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 type="text"/>
	3	<input type="checkbox"/> Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here <input type="text"/>		

If your California filing status is different from your federal filing status, check the box here ☐

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst. ☐ 6► For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. **Whole dollars only**7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2, in the box. If you checked the box on line 6, see instructions. ☐ 7  X \$111 = ☐ \$ 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 ☐ 8  X \$111 = ☐ \$ 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 ☐ 9  X \$111 = ☐ \$ 10 **Dependents: Do not include yourself or your spouse/RDP.****Exemptions**

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total dependent exemptions ☐ 10  X \$344 = ☐ \$ 11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32. ☐ 11 \$

Your name:

P A T I L

Your SSN or ITIN:

674-97-2508

Taxable Income

- 12 State wages from your Form(s) W-2, box 16. . . . . ● 12 11136.00
- 13 Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4. . . . . ● 13 11136.00
- 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 11136.00
- 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 11136.00
- 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 4129.00
- 19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- . . . . . ● 19 7007.00

Tax

- 31 Tax. Check the box if from: ☒ Tax Table ☐ Tax Rate Schedule  
● ☐ FTB 3800 ● ☐ FTB 3803 . . . . . ● 31 70.00
- 32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$182,459, see instructions . . . . . ● 32 111.00
- 33 Subtract line 32 from line 31. If less than zero, enter -0- . . . . . ● 33 0.00
- 34 Tax. See instructions. Check the box if from: ● ☐ Schedule G-1 ● ☐ FTB 5870A. . . . . ● 34 .00
- 35 Add line 33 and line 34 . . . . . ● 35 0.00

Special Credits

- 40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions . . . . . ● 40 .00
- 43 Enter credit name  code ●  and amount . . . . . ● 43 .00
- 44 Enter credit name  code ●  and amount . . . . . ● 44 .00
- 45 To claim more than two credits, see instructions. Attach Schedule P (540). . . . . ● 45 .00
- 46 Nonrefundable renter's credit. See instructions . . . . . ● 46 .00
- 47 Add line 40 through line 46. These are your total credits. . . . . ● 47 .00
- 48 Subtract line 47 from line 35. If less than zero, enter -0- . . . . . ● 48 0.00

Other Taxes

- 61 Alternative minimum tax. Attach Schedule P (540) . . . . . ● 61 .00
- 62 Mental Health Services Tax. See instructions. . . . . ● 62 .00
- 63 Other taxes and credit recapture. See instructions. . . . . ● 63 .00
- 64 Add line 48, line 61, line 62, and line 63. This is your total tax . . . . . ● 64 0.00

Your name:

P A T I L

Your SSN or ITIN:

674-97-2508

Payments

- |           |  |           |     |     |
|-----------|--|-----------|-----|-----|
| <b>71</b> | California income tax withheld. See instructions . . . . .                         | <b>71</b> | 431 | .00 |
| <b>72</b> | 2016 CA estimated tax and other payments. See instructions . . . . .               | <b>72</b> |     | .00 |
| <b>73</b> | Withholding (Form 592-B and/or 593). See instructions . . . . .                    | <b>73</b> |     | .00 |
| <b>74</b> | Excess SDI (or VPD) withheld. See instructions . . . . .                           | <b>74</b> |     | .00 |
| <b>75</b> | Earned Income Tax Credit (EITC) . . . . .  | <b>75</b> |     | .00 |
| <b>76</b> | Add lines 71 through 75. These are your total payments. See instructions . . . . . | <b>76</b> | 431 | .00 |

Use Tax

- |           |                                     |           |  |     |
|-----------|-------------------------------------|-----------|--|-----|
| <b>91</b> | Use Tax. See instructions . . . . . | <b>91</b> |  | .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> | 431 | .00 |
| <b>93</b> | Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91 . . . . .  | <b>93</b> |     | .00 |
| <b>94</b> | Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92 . . . . .     | <b>94</b> | 431 | .00 |
| <b>95</b> | Amount of line 94 you want applied to your <b>2017</b> estimated tax . . . . .             | <b>95</b> |     | .00 |
| <b>96</b> | Overpaid tax available this year. Subtract line 95 from line 94 . . . . .                  | <b>96</b> | 431 | .00 |
| <b>97</b> | Tax due. If line 92 is less than line 64, subtract line 92 from line 64 . . . . .          | <b>97</b> |     | .00 |

Your name:

P A T I L

Your SSN or ITIN:

674-97-2508

Contributions

	Code	Amount
California Seniors Special Fund. See instructions . . . . .	● 400	<input type="text"/> .00
Alzheimer's Disease/Related Disorders Fund . . . . .	● 401	<input type="text"/> .00
Rare and Endangered Species Preservation 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: P A T I L

Your SSN or ITIN: 674-97-2508

Amount  
You Owe

**111 AMOUNT YOU OWE.** If you do not have an amount on line 96, add line 93, line 97, and line 110. See instructions. **Do not send cash.**

Mail to: **FRANCHISE TAX BOARD**

**PO BOX 942867**

**SACRAMENTO CA 94267-0001**

111 .00

Pay online – Go to [ftb.ca.gov](http://ftb.ca.gov) for more information.

Interest and  
Penalties

**112** Interest, late return penalties, and late payment penalties 112 .00

**113** Underpayment of estimated tax. Check the box: ☐ **FTB 5805 attached** ☐ **FTB 5805F attached** 113 .00

**114** Total amount due. See instructions. Enclose, but **do not** staple, any payment. 114 .00

**115 REFUND OR NO AMOUNT DUE.** Subtract the sum of line 110, line 112 and line 113 from line 96. See instructions.

Mail to: **FRANCHISE TAX BOARD**

**PO BOX 942840**

**SACRAMENTO CA 94240-0001**

115 431.00

Refund and Direct Deposit

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Type

Routing number

☒ Checking

Account number

116 Direct deposit amount

3 2 2 2 7 1 6 2 7

☐ Savings

7 5 3 6 2 2 3 6 9

431.00

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

.00

**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](http://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**

☒ Your email address. Enter only one email address.

☒ Preferred phone number

( 6 1 9 ) 7 8 8 - 6 4 2 4

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)

SELF PREPARED

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