

Your first name and initial	Last name	OMB No. 1545-0074
BRIAN T	ZINDLER	Your social security number 357 86 5805
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.		Apt. no.	▲ Make sure the SSN(s) above and on line 6c are correct.
130 Beulah Street			
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).			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
San Francisco CA 94117			
Foreign country name	Foreign province/state/county	Foreign postal code	

Filing status
 Check only one box.

1 ☒ Single
 2 ☐ Married filing jointly (even if only one had income)
 3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
 4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
 5 ☐ Qualifying widow(er) (see instructions)

Exemptions
 If more than six dependents, see instructions.

6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a.
 b ☐ **Spouse**
 c **Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Boxes checked on 6a and 6b 1
No. of children on 6c who:
 • **lived with you** _____
 • **did not live with you due to divorce or separation (see instructions)** _____
Dependents on 6c not entered above _____
Add numbers on lines above ▶ 1

Income
 Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.
 If you did not get a W-2, see instructions.

7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7 72,665.

8a	Taxable interest. Attach Schedule B if required.	8a
b	Tax-exempt interest. Do not include on line 8a.	8b
9a	Ordinary dividends. Attach Schedule B if required.	9a
b	Qualified dividends (see instructions).	9b
10	Capital gain distributions (see instructions).	10
11a	IRA distributions.	11a
11b	Taxable amount (see instructions).	11b
12a	Pensions and annuities.	12a
12b	Taxable amount (see instructions).	12b
13	Unemployment compensation and Alaska Permanent Fund dividends.	13
14a	Social security benefits.	14a
14b	Taxable amount (see instructions).	14b
15	Add lines 7 through 14b (far right column). This is your total income. ▶	15 72,665.

Adjusted gross income

16 Educator expenses (see instructions). 16
 17 IRA deduction (see instructions). 17
 18 Student loan interest deduction (see instructions). 18
 19 Tuition and fees. Attach Form 8917. 19
 20 Add lines 16 through 19. These are your **total adjustments.** 20
 21 Subtract line 20 from line 15. This is your **adjusted gross income.** ▶ 21 72,665.

Tax, credits, and payments	22	Enter the amount from line 21 (adjusted gross income).	22	72,665.
	23a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind } Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind } checked ▶ 23a <input type="checkbox"/>		
	b	If you are married filing separately and your spouse itemizes deductions, check here ▶ 23b <input type="checkbox"/>		
	24	Enter your standard deduction .	24	6,350.
	25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-.	25	66,315.
	26	Exemptions. Multiply \$4,050 by the number on line 6d.	26	4,050.
	27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-.	27	62,265.
	28	Tax , including any alternative minimum tax (see instructions).	28	11,308.
	29	Excess advance premium tax credit repayment. Attach Form 8962.	29	
	30	Add lines 28 and 29.	30	11,308.
Standard Deduction for— • People who check any box on line 23a or 23b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,350 Married filing jointly or Qualifying widow(er), \$12,700 Head of household, \$9,350	31	Credit for child and dependent care expenses. Attach Form 2441.	31	
	32	Credit for the elderly or the disabled. Attach Schedule R.	32	
	33	Education credits from Form 8863, line 19.	33	
	34	Retirement savings contributions credit. Attach Form 8880.	34	
	35	Child tax credit. Attach Schedule 8812, if required.	35	
	36	Add lines 31 through 35. These are your total credits .	36	
	37	Subtract line 36 from line 30. If line 36 is more than line 30, enter -0-.	37	11,308.
	38	Health care: individual responsibility (see instructions). Full-year coverage <input checked="" type="checkbox"/>	38	0.
	39	Add line 37 and line 38. This is your total tax .	39	11,308.
	40	Federal income tax withheld from Forms W-2 and 1099.	40	13,401.
If you have a qualifying child, attach Schedule EIC.	41	2017 estimated tax payments and amount applied from 2016 return.	41	
	42a	Earned income credit (EIC). No 42a		
	b	Nontaxable combat pay election. 42b		
	43	Additional child tax credit. Attach Schedule 8812.	43	
	44	American opportunity credit from Form 8863, line 8.	44	
	45	Net premium tax credit. Attach Form 8962.	45	
	46	Add lines 40, 41, 42a, 43, 44, and 45. These are your total payments .	46	13,401.
	47	If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you overpaid .	47	2,093.
	48a	Amount of line 47 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/> 48a	48a	2,093.
	b	Routing number <input type="text" value="081904808"/> ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <input type="text" value="291007844007"/>			
49	Amount of line 47 you want applied to your 2018 estimated tax .	49		

Refund	47	If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you overpaid .	47	2,093.
	48a	Amount of line 47 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/> 48a	48a	2,093.
Direct deposit? See instructions and fill in 48b, 48c, and 48d or Form 8888.	b	Routing number <input type="text" value="081904808"/> ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number <input type="text" value="291007844007"/>		
49	Amount of line 47 you want applied to your 2018 estimated tax .	49		
Amount you owe	50	Amount you owe. Subtract line 46 from line 39. For details on how to pay, see instructions.	50	
	51	Estimated tax penalty (see instructions).	51	
Third party designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes . Complete the following. <input checked="" type="checkbox"/> No			
	Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶	<input type="text"/>
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 accurately list 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	Daytime phone number
Joint return? See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
Paid preparer use only	Firm's name ▶	Self-Prepared	Firm's EIN ▶	
	Firm's address ▶		Phone no.	

Nondeductible IRAs► Go to www.irs.gov/Form8606 for instructions and the latest information.

► Attach to 2017 Form 1040, 2017 Form 1040A, or 2017 Form 1040NR.

OMB No. 1545-0074

2017
Attachment
Sequence No. **48**

Name. If married, file a separate form for each spouse required to file 2017 Form 8606. See instructions.

BRIAN T ZINDLER

Your social security number

357-86-5805

**Fill in Your Address
Only if You Are
Filing This Form by
Itself and Not With
Your Tax Return**

Home address (number and street, or P.O. box if mail is not delivered to your home)

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below (see instructions).

If this is an amended
return, check here ☐

Foreign country name

Foreign province/state/county

Foreign postal code

Part I Nondeductible Contributions to Traditional IRAs and Distributions From Traditional, SEP, and SIMPLE IRAs

Complete this part only if one or more of the following apply.

- You made nondeductible contributions to a traditional IRA for 2017.
- You took distributions from a traditional, SEP, or SIMPLE IRA in 2017 **and** you made nondeductible contributions to a traditional IRA in 2017 or an earlier year. For this purpose, a distribution does not include a rollover (other than a repayment of a qualified disaster distribution (see 2017 Forms 8915A and 8915B)), qualified charitable distribution, one-time distribution to fund an HSA, conversion, recharacterization, or return of certain contributions.
- You converted part, but not all, of your traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2017 (excluding any portion you recharacterized) **and** you made nondeductible contributions to a traditional IRA in 2017 or an earlier year.

1	Enter your nondeductible contributions to traditional IRAs for 2017, including those made for 2017 from January 1, 2018, through April 17, 2018. See instructions	1	5,480.
2	Enter your total basis in traditional IRAs. See instructions	2	0.
3	Add lines 1 and 2	3	5,480.
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> In 2017, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion? </div> <div style="display: inline-block; vertical-align: top; margin-left: 10px;"> <p>No —► Enter the amount from line 3 on line 14. Do not complete the rest of Part I.</p> <p>Yes —► Go to line 4.</p> </div>			
4	Enter those contributions included on line 1 that were made from January 1, 2018, through April 17, 2018	4	
5	Subtract line 4 from line 3	5	
6	Enter the value of all your traditional, SEP, and SIMPLE IRAs as of December 31, 2017, plus any outstanding rollovers. Subtract any repayments of qualified disaster distributions (see 2017 Forms 8915A and 8915B). If the result is zero or less, enter -0-. See instructions	6	
7	Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2017. Do not include rollovers (other than repayments of qualified disaster distributions (see 2017 Forms 8915A and 8915B)), qualified charitable distributions, a one-time distribution to fund an HSA, conversions to a Roth IRA, certain returned contributions, or recharacterizations of traditional IRA contributions (see instructions)	7	
8	Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2017. Do not include amounts converted that you later recharacterized (see instructions). Also enter this amount on line 16	8	
9	Add lines 6, 7, and 8	9	
10	Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter "1.000"	10	×
11	Multiply line 8 by line 10. This is the nontaxable portion of the amount you converted to Roth IRAs. Also enter this amount on line 17	11	
12	Multiply line 7 by line 10. This is the nontaxable portion of your distributions that you did not convert to a Roth IRA	12	
13	Add lines 11 and 12. This is the nontaxable portion of all your distributions	13	
14	Subtract line 13 from line 3. This is your total basis in traditional IRAs for 2017 and earlier years	14	5,480.
15a	Subtract line 12 from line 7	15a	
b	Enter the amount on line 15a attributable to qualified disaster distributions from 2017 Forms 8915A and 8915B (see instructions). Also, enter this amount on 2017 Form 8915A, line 22, or 2017 Form 8915B, line 13, as applicable	15b	
c	Taxable amount. Subtract line 15b from line 15a. If more than zero, also include this amount on 2017 Form 1040, line 15b; 2017 Form 1040A, line 11b; or 2017 Form 1040NR, line 16b	15c	
Note: You may be subject to an additional 10% tax on the amount on line 15c if you were under age 59½ at the time of the distribution. See instructions.			

Part II 2017 Conversions From Traditional, SEP, or SIMPLE IRAs to Roth IRAs

Complete this part if you converted part or all of your traditional, SEP, and SIMPLE IRAs to a Roth IRA in 2017 (excluding any portion you recharacterized).

16	If you completed Part I, enter the amount from line 8. Otherwise, enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2017. Do not include amounts you later recharacterized back to traditional, SEP, or SIMPLE IRAs in 2017 or 2018 (see instructions)	16	
17	If you completed Part I, enter the amount from line 11. Otherwise, enter your basis in the amount on line 16 (see instructions)	17	
18	Taxable amount. Subtract line 17 from line 16. If more than zero, also include this amount on 2017 Form 1040, line 15b; 2017 Form 1040A, line 11b; or 2017 Form 1040NR, line 16b	18	

Part III Distributions From Roth IRAs

Complete this part only if you took a distribution from a Roth IRA in 2017. For this purpose, a distribution does not include a rollover (other than a repayment of a qualified disaster distribution (see 2017 Forms 8915A and 8915B)), qualified charitable distribution, one-time distribution to fund an HSA, recharacterization, or return of certain contributions (see instructions).

19	Enter your total nonqualified distributions from Roth IRAs in 2017, including any qualified first-time homebuyer distributions, and any qualified disaster distributions (see instructions). Also see 2017 Forms 8915A and 8915B	19	
20	Qualified first-time homebuyer expenses (see instructions). Do not enter more than \$10,000	20	
21	Subtract line 20 from line 19. If zero or less, enter -0-	21	
22	Enter your basis in Roth IRA contributions (see instructions). If line 21 is zero, stop here	22	
23	Subtract line 22 from line 21. If zero or less, enter -0- and skip lines 24 and 25. If more than zero, you may be subject to an additional tax (see instructions)	23	
24	Enter your basis in conversions from traditional, SEP, and SIMPLE IRAs and rollovers from qualified retirement plans to a Roth IRA. See instructions	24	
25a	Subtract line 24 from line 23. If zero or less, enter -0- and skip lines 25b and 25c	25a	
b	Enter the amount on line 25a attributable to qualified disaster distributions from 2017 Forms 8915A and 8915B (see instructions). Also, enter this amount on 2017 Form 8915A, line 23, or 2017 Form 8915B, line 14, as applicable	25b	
c	Taxable amount. Subtract line 25b from line 25a. If more than zero, also include this amount on 2017 Form 1040, line 15b; 2017 Form 1040A, line 11b; or 2017 Form 1040NR, line 16b	25c	

Sign Here Only if You Are Filing This Form by Itself and Not With Your Tax Return

Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

 Your signature
  Date

Paid Preparer Use Only

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.			

TAXABLE YEAR

2017**California Online e-file Return Authorization
for Individuals**

FORM

8453-OL

Your first name and initial BRIAN T		Last name ZINDLER		Suffix	Your SSN or ITIN 357-86-5805
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 130 BEULAH STREET		Apt. no.	PMB/private mailbox		Daytime telephone number (630) 639-1052
City SAN FRANCISCO				State CA	ZIP code 94117
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** 72,665.

2 Refund or no amount due. See instructions **2** 1,436.

3 Amount you owe. See instructions **3**

Part II Settle Your Account Electronically for Taxable Year 2017 (Payment due 4/17/2018)

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 2018 These are not installment payments for the current amount you owe.

	First Payment Due 4/17/2018	Second Payment Due 6/15/2018	Third Payment Due 9/17/2018	Fourth Payment Due 1/15/2019
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 1,436. 12 The remaining amount of my refund for direct deposit _____

9 Routing number 081904808 13 Routing number _____

10 Account number 291007844007 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 2017 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

2017 California Resident Income Tax Return**540**

APE

ATTACH FEDERAL RETURN

357-86-5805 ZIND
BRIAN T ZINDLER

17

A
R
RP130 BEULAH STREET
SAN FRANCISCO CA 94117

02-28-1992

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

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

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst. ► 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. 1 X \$114 = 1148 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 X \$114 = 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 X \$114 = 10 **Dependents: Do not include yourself or your spouse/RDP.**

Exemptions

	Dependent 1	Dependent 2	Dependent 3
First Name	 	 	
Last Name	 	 	
SSN	 	 	
Dependent's relationship to you	 	 	

Total dependent exemptions X \$353 = 11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32. X \$114 = 114

Your name:

Z I N D L E R

Your SSN or ITIN:

357-86-5805

Taxable Income

- 12 State wages from your Form(s) W-2, box 16. ● 12 72665.00
- 13 Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4. ● 13 72665.00
- 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 72665.00
- 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 72665.00
- 18 Enter the **larger of** {
 Your California **itemized deductions** from Schedule CA (540), line 44; **OR**
 Your California **standard deduction** shown below for your filing status:
 • Single or Married/RDP filing separately. \$4,236
 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$8,472
 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions . . .
 ● 18 4236.00
- 19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- ● 19 68429.00

Tax

- 31 Tax. Check the box if from: ☒ Tax Table ☐ Tax Rate Schedule
☐ FTB 3800 ☐ FTB 3803 ● 31 3718.00
- 32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$187,203, see instructions ● 32 114.00
- 33 Subtract line 32 from line 31. If less than zero, enter -0- ● 33 3604.00
- 34 Tax. See instructions. Check the box if from: ☐ Schedule G-1 ☐ FTB 5870A. ● 34 .00
- 35 Add line 33 and line 34 ● 35 3604.00

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 3604.00

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 3604.00

Your name:

Z I N D L E R

Your SSN or ITIN:

357-86-5805

Payments

- | | | | | |
|-----------|--|-------------|------|-----|
| 71 | California income tax withheld. See instructions | ● 71 | 5040 | .00 |
| 72 | 2017 CA estimated tax and other payments. See instructions | ● 72 | | .00 |
| 73 | Withholding (Form 592-B and/or 593). See instructions | ● 73 | | .00 |
| 74 | Excess SDI (or VPD) withheld. See instructions | ● 74 | | .00 |
| 75 | Earned Income Tax Credit (EITC) | ● 75 | | .00 |
| 76 | Add lines 71 through 75. These are your total payments. See instructions | ● 76 | 5040 | .00 |

Use Tax

- | | | | | |
|-----------|--|-------------|---|-----|
| 91 | Use Tax. Do not leave blank. See instructions. | ● 91 | 0 | .00 |
|-----------|--|-------------|---|-----|

If line 91 is zero, check if:



No use tax is owed.



You paid your use tax obligation directly to CDTFA.

Overpaid Tax/Tax Due

- | | | | | |
|-----------|--|-------------|------|-----|
| 92 | Payments balance. If line 76 is more than line 91, subtract line 91 from line 76 | ● 92 | 5040 | .00 |
| 93 | Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91 | ● 93 | | .00 |
| 94 | Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92 | ● 94 | 1436 | .00 |
| 95 | Amount of line 94 you want applied to your 2018 estimated tax | ● 95 | | .00 |
| 96 | Overpaid tax available this year. Subtract line 95 from line 94 | ● 96 | 1436 | .00 |
| 97 | Tax due. If line 92 is less than line 64, subtract line 92 from line 64 | ● 97 | | .00 |

Your name:

Z I N D L E R

Your SSN or ITIN:

357-86-5805

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 Voluntary Tax Contribution Program	● 403	<input type="text"/> .00
California Breast Cancer Research Voluntary Tax Contribution Fund	● 405	<input type="text"/> .00
California Firefighters' Memorial Fund	● 406	<input type="text"/> .00
Emergency Food for Families Voluntary Tax Contribution Fund	● 407	<input type="text"/> .00
California Peace Officer Memorial Foundation Fund	● 408	<input type="text"/> .00
California Sea Otter Fund	● 410	<input type="text"/> .00
California Cancer Research Voluntary Tax Contribution Fund	● 413	<input type="text"/> .00
School Supplies for Homeless Children Fund	● 422	<input type="text"/> .00
State Parks Protection Fund/Parks Pass Purchase	● 423	<input type="text"/> .00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	● 424	<input type="text"/> .00
Keep Arts in Schools Voluntary Tax Contribution Fund	● 425	<input type="text"/> .00
State Children's Trust Fund for the Prevention of Child Abuse	● 430	<input type="text"/> .00
Prevention of Animal Homelessness and Cruelty Fund	● 431	<input type="text"/> .00
Revive the Salton Sea Fund	● 432	<input type="text"/> .00
California Domestic Violence Victims Fund	● 433	<input type="text"/> .00
Special Olympics Fund	● 434	<input type="text"/> .00
Type 1 Diabetes Research Fund	● 435	<input type="text"/> .00
California YMCA Youth and Government Voluntary Tax Contribution Fund	● 436	<input type="text"/> .00
Habitat for Humanity Voluntary Tax Contribution Fund	● 437	<input type="text"/> .00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	● 438	<input type="text"/> .00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	● 439	<input type="text"/> .00
Rape Backlog Kit Voluntary Tax Contribution Fund	● 440	<input type="text"/> .00
110 Add code 400 through code 440. This is your total contribution	● 110	<input type="text"/> .00

Your name: Z I N D L E R

Your SSN or ITIN: 357-86-5805

Amount
You Owe

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

Mail to: **FRANCHISE TAX BOARD**

PO BOX 942867

SACRAMENTO CA 94267-0001

111 .00

Pay online – Go to ftb.ca.gov/pay for more information.

Interest and
Penalties

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

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

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

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

Mail to: **FRANCHISE TAX BOARD**

PO BOX 942840

SACRAMENTO CA 94240-0001

115 1 4 3 6 .00

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:

Refund and Direct Deposit

Type

Routing number

☒ Checking

Account number

116 Direct deposit amount

0 8 1 9 0 4 8 0 8

☐ Savings

2 9 1 0 0 7 8 4 4 0 0 7

1 4 3 6 .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/forms and search for **1131**. To request this notice by mail, call 800.852.5711. Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

Date

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

**Sign
Here**

☒ Your email address. Enter only one email address.

☒ Preferred phone number

(6 3 0) 6 3 9 - 1 0 5 2

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

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

SELF-PREPARED

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

PTIN

Joint tax return?
(See instructions)

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

()

Your first name and initial	Last name	OMB No. 1545-0074
BRIAN T	ZINDLER	Your social security number 357 86 5805
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.		Apt. no.	Make sure the SSN(s) above and on line 6c are correct.
130 Beulah Street			
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).		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	
San Francisco CA 94117			
Foreign country name	Foreign province/state/county	Foreign postal code	

Filing status
 Check only one box.

1 ☒ Single
 2 ☐ Married filing jointly (even if only one had income)
 3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
 4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
 5 ☐ Qualifying widow(er) (see instructions)

Exemptions
 If more than six dependents, see instructions.

6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a.
 b ☐ **Spouse**
 c **Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Boxes checked on 6a and 6b
No. of children on 6c who:
 • lived with you
 • did not live with you due to divorce or separation (see instructions)
Dependents on 6c not entered above
Add numbers on lines above ▶

1

 1

d Total number of exemptions claimed.

Income
 Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.
 If you did not get a W-2, see instructions.

7	Wages, salaries, tips, etc. Attach Form(s) W-2.	7	72,665.
8a	Taxable interest. Attach Schedule B if required.	8a	
b	Tax-exempt interest. Do not include on line 8a.	8b	
9a	Ordinary dividends. Attach Schedule B if required.	9a	
b	Qualified dividends (see instructions).	9b	
10	Capital gain distributions (see instructions).	10	
11a	IRA distributions.	11a	
11b	Taxable amount (see instructions).	11b	
12a	Pensions and annuities.	12a	
12b	Taxable amount (see instructions).	12b	
13	Unemployment compensation and Alaska Permanent Fund dividends.	13	
14a	Social security benefits.	14a	
14b	Taxable amount (see instructions).	14b	
15	Add lines 7 through 14b (far right column). This is your total income . ▶	15	72,665.
16	Educator expenses (see instructions).	16	
17	IRA deduction (see instructions).	17	
18	Student loan interest deduction (see instructions).	18	
19	Tuition and fees. Attach Form 8917.	19	
20	Add lines 16 through 19. These are your total adjustments .	20	
21	Subtract line 20 from line 15. This is your adjusted gross income . ▶	21	72,665.

Tax, credits, and payments	22	Enter the amount from line 21 (adjusted gross income).	22	72,665.
	23a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind } Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind } checked ▶ 23a <input type="checkbox"/>		
	b	If you are married filing separately and your spouse itemizes deductions, check here ▶ 23b <input type="checkbox"/>		
	24	Enter your standard deduction .	24	6,350.
	25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-.	25	66,315.
	26	Exemptions. Multiply \$4,050 by the number on line 6d.	26	4,050.
	27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-.	27	62,265.
	28	Tax , including any alternative minimum tax (see instructions).	28	11,308.
	29	Excess advance premium tax credit repayment. Attach Form 8962.	29	
	30	Add lines 28 and 29.	30	11,308.
Standard Deduction for— • People who check any box on line 23a or 23b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,350 Married filing jointly or Qualifying widow(er), \$12,700 Head of household, \$9,350	31	Credit for child and dependent care expenses. Attach Form 2441.	31	
	32	Credit for the elderly or the disabled. Attach Schedule R.	32	
	33	Education credits from Form 8863, line 19.	33	
	34	Retirement savings contributions credit. Attach Form 8880.	34	
	35	Child tax credit. Attach Schedule 8812, if required.	35	
	36	Add lines 31 through 35. These are your total credits .	36	
	37	Subtract line 36 from line 30. If line 36 is more than line 30, enter -0-.	37	11,308.
	38	Health care: individual responsibility (see instructions). Full-year coverage <input checked="" type="checkbox"/>	38	0.
	39	Add line 37 and line 38. This is your total tax .	39	11,308.
	40	Federal income tax withheld from Forms W-2 and 1099.	40	13,401.
If you have a qualifying child, attach Schedule EIC.	41	2017 estimated tax payments and amount applied from 2016 return.	41	
	42a	Earned income credit (EIC). No 42a		
	b	Nontaxable combat pay election. 42b		
	43	Additional child tax credit. Attach Schedule 8812.	43	
	44	American opportunity credit from Form 8863, line 8.	44	
	45	Net premium tax credit. Attach Form 8962.	45	
	46	Add lines 40, 41, 42a, 43, 44, and 45. These are your total payments .	46	13,401.
	47	If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you overpaid .	47	2,093.
	48a	Amount of line 47 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/> 48a		2,093.
	b	Routing number <input type="text" value="081904808"/> ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <input type="text" value="291007844007"/>			
49	Amount of line 47 you want applied to your 2018 estimated tax .	49		

Refund	47	If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you overpaid .	47	2,093.
	48a	Amount of line 47 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/> 48a		2,093.
Direct deposit? See instructions and fill in 48b, 48c, and 48d or Form 8888.	b	Routing number <input type="text" value="081904808"/> ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number <input type="text" value="291007844007"/>		
49	Amount of line 47 you want applied to your 2018 estimated tax .	49		
Amount you owe	50	Amount you owe. Subtract line 46 from line 39. For details on how to pay, see instructions.	50	
	51	Estimated tax penalty (see instructions).	51	
Third party designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes . Complete the following. <input checked="" type="checkbox"/> No			
	Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶	<input type="text"/>
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 accurately list 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	Daytime phone number
Joint return? See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
Paid preparer use only	Firm's name ▶	Self-Prepared	Firm's EIN ▶	
	Firm's address ▶		Phone no.	

Nondeductible IRAs► Go to www.irs.gov/Form8606 for instructions and the latest information.

► Attach to 2017 Form 1040, 2017 Form 1040A, or 2017 Form 1040NR.

OMB No. 1545-0074

2017
Attachment
Sequence No. **48**

Name. If married, file a separate form for each spouse required to file 2017 Form 8606. See instructions.

BRIAN T ZINDLER

Your social security number

357-86-5805

**Fill in Your Address
Only if You Are
Filing This Form by
Itself and Not With
Your Tax Return**

Home address (number and street, or P.O. box if mail is not delivered to your home)

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below (see instructions).

If this is an amended
return, check here ☐

Foreign country name

Foreign province/state/county

Foreign postal code

Part I Nondeductible Contributions to Traditional IRAs and Distributions From Traditional, SEP, and SIMPLE IRAs

Complete this part only if one or more of the following apply.

- You made nondeductible contributions to a traditional IRA for 2017.
- You took distributions from a traditional, SEP, or SIMPLE IRA in 2017 **and** you made nondeductible contributions to a traditional IRA in 2017 or an earlier year. For this purpose, a distribution does not include a rollover (other than a repayment of a qualified disaster distribution (see 2017 Forms 8915A and 8915B)), qualified charitable distribution, one-time distribution to fund an HSA, conversion, recharacterization, or return of certain contributions.
- You converted part, but not all, of your traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2017 (excluding any portion you recharacterized) **and** you made nondeductible contributions to a traditional IRA in 2017 or an earlier year.

1	Enter your nondeductible contributions to traditional IRAs for 2017, including those made for 2017 from January 1, 2018, through April 17, 2018. See instructions	1	5,480.
2	Enter your total basis in traditional IRAs. See instructions	2	0.
3	Add lines 1 and 2	3	5,480.
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> In 2017, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion? </div> <div style="display: inline-block; vertical-align: top; margin-left: 10px;"> <p>No —► Enter the amount from line 3 on line 14. Do not complete the rest of Part I.</p> <p>Yes —► Go to line 4.</p> </div>			
4	Enter those contributions included on line 1 that were made from January 1, 2018, through April 17, 2018	4	
5	Subtract line 4 from line 3	5	
6	Enter the value of all your traditional, SEP, and SIMPLE IRAs as of December 31, 2017, plus any outstanding rollovers. Subtract any repayments of qualified disaster distributions (see 2017 Forms 8915A and 8915B). If the result is zero or less, enter -0-. See instructions	6	
7	Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2017. Do not include rollovers (other than repayments of qualified disaster distributions (see 2017 Forms 8915A and 8915B)), qualified charitable distributions, a one-time distribution to fund an HSA, conversions to a Roth IRA, certain returned contributions, or recharacterizations of traditional IRA contributions (see instructions)	7	
8	Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2017. Do not include amounts converted that you later recharacterized (see instructions). Also enter this amount on line 16	8	
9	Add lines 6, 7, and 8	9	
10	Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter "1.000"	10	×
11	Multiply line 8 by line 10. This is the nontaxable portion of the amount you converted to Roth IRAs. Also enter this amount on line 17	11	
12	Multiply line 7 by line 10. This is the nontaxable portion of your distributions that you did not convert to a Roth IRA	12	
13	Add lines 11 and 12. This is the nontaxable portion of all your distributions	13	
14	Subtract line 13 from line 3. This is your total basis in traditional IRAs for 2017 and earlier years	14	5,480.
15a	Subtract line 12 from line 7	15a	
b	Enter the amount on line 15a attributable to qualified disaster distributions from 2017 Forms 8915A and 8915B (see instructions). Also, enter this amount on 2017 Form 8915A, line 22, or 2017 Form 8915B, line 13, as applicable	15b	
c	Taxable amount. Subtract line 15b from line 15a. If more than zero, also include this amount on 2017 Form 1040, line 15b; 2017 Form 1040A, line 11b; or 2017 Form 1040NR, line 16b	15c	
Note: You may be subject to an additional 10% tax on the amount on line 15c if you were under age 59½ at the time of the distribution. See instructions.			

Part II 2017 Conversions From Traditional, SEP, or SIMPLE IRAs to Roth IRAs

Complete this part if you converted part or all of your traditional, SEP, and SIMPLE IRAs to a Roth IRA in 2017 (excluding any portion you recharacterized).

16	If you completed Part I, enter the amount from line 8. Otherwise, enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2017. Do not include amounts you later recharacterized back to traditional, SEP, or SIMPLE IRAs in 2017 or 2018 (see instructions)	16	
17	If you completed Part I, enter the amount from line 11. Otherwise, enter your basis in the amount on line 16 (see instructions)	17	
18	Taxable amount. Subtract line 17 from line 16. If more than zero, also include this amount on 2017 Form 1040, line 15b; 2017 Form 1040A, line 11b; or 2017 Form 1040NR, line 16b	18	

Part III Distributions From Roth IRAs

Complete this part only if you took a distribution from a Roth IRA in 2017. For this purpose, a distribution does not include a rollover (other than a repayment of a qualified disaster distribution (see 2017 Forms 8915A and 8915B)), qualified charitable distribution, one-time distribution to fund an HSA, recharacterization, or return of certain contributions (see instructions).

19	Enter your total nonqualified distributions from Roth IRAs in 2017, including any qualified first-time homebuyer distributions, and any qualified disaster distributions (see instructions). Also see 2017 Forms 8915A and 8915B	19	
20	Qualified first-time homebuyer expenses (see instructions). Do not enter more than \$10,000	20	
21	Subtract line 20 from line 19. If zero or less, enter -0-	21	
22	Enter your basis in Roth IRA contributions (see instructions). If line 21 is zero, stop here	22	
23	Subtract line 22 from line 21. If zero or less, enter -0- and skip lines 24 and 25. If more than zero, you may be subject to an additional tax (see instructions)	23	
24	Enter your basis in conversions from traditional, SEP, and SIMPLE IRAs and rollovers from qualified retirement plans to a Roth IRA. See instructions	24	
25a	Subtract line 24 from line 23. If zero or less, enter -0- and skip lines 25b and 25c	25a	
b	Enter the amount on line 25a attributable to qualified disaster distributions from 2017 Forms 8915A and 8915B (see instructions). Also, enter this amount on 2017 Form 8915A, line 23, or 2017 Form 8915B, line 14, as applicable	25b	
c	Taxable amount. Subtract line 25b from line 25a. If more than zero, also include this amount on 2017 Form 1040, line 15b; 2017 Form 1040A, line 11b; or 2017 Form 1040NR, line 16b	25c	

Sign Here Only if You Are Filing This Form by Itself and Not With Your Tax Return

Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

 Your signature
  Date

Paid Preparer Use Only

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.			