

California Resident Income Tax Return 2012

540 C1 Side 1

Fiscal year filers only: Enter month of year end: month _____ year 2013.

Your first name		Initial	Last name	Your SSN or ITIN		P A C R R P
If joint tax return, spouse's/RDP's first name		Initial	Last name	Spouse's/RDP's SSN or ITIN		
Address (number and street, PO Box, or PMB no.)				Apt. no./Ste. no.	PBA Code	
City (If you have a foreign address, see page 7.)				State	ZIP Code	

Date of Birth
 Your DOB (mm/dd/yyyy) _____ Spouse's/RDP's DOB (mm/dd/yyyy) _____

Prior Name
 If you filed your 2011 tax return under a different last name, write the last name only from the 2011 tax return.
 Taxpayer _____ Spouse/RDP _____

Filing Status

1 Single
 2 Married/RDP filing jointly (see page 3)
 3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here _____

4 Head of household (with qualifying person) (see page 3)
 5 Qualifying widow(er) with dependent child. Enter year spouse/RDP died _____

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 page 7)

Exemptions

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

7 **Personal:** If you 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 page 7. 7 X \$104 = \$ _____

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. 8 X \$104 = \$ _____

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. 9 X \$104 = \$ _____

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

First name	Last name	Dependent's relationship to you

Total dependent exemptions. 10 X \$321 = \$ _____

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

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 page 9). 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. \$3,841
 - Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . \$7,682
- If the box on line 6 is checked, STOP (see page 9) 18 _____ 00

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

Your name: _____ Your SSN or ITIN: _____

Tax	31 Tax. Check the box if from: <input type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803 <input checked="" type="radio"/> 31	00
	32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$169,730 (see page 10) . . . 32	00
	33 Subtract line 32 from line 31. If less than zero, enter -0- 33	00
	34 Tax (see page 11). Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A <input checked="" type="radio"/> 34	00
	35 Add line 33 and line 34. 35	00

Special Credits	40 Nonrefundable Child and Dependent Care Expenses Credit (see page 11). Attach form FTB 3506. ● 40	00
	41 New jobs credit, amount generated (see page 11) ● 41	00
	42 New jobs credit, amount claimed (see page 11). ● 42	00
	43 Enter credit name _____ code number _____ and amount ▶ 43	00
	44 Enter credit name _____ code number _____ and amount ▶ 44	00
	45 To claim more than two credits (see page 12). Attach Schedule P (540) ● 45	00
	46 Nonrefundable renter's credit (see page 12). ● 46	00
	47 Add line 40 and line 42 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 page 13) ● 62	00
	63 Other taxes and credit recapture (see page 13) ● 63	00
	64 Add line 48, line 61, line 62, and line 63. This is your total tax. ● 64	00

Payments	71 California income tax withheld (see page 13). ● 71	00
	72 2012 CA estimated tax and other payments (see page 13). ● 72	00
	73 Real estate and other withholding (see page 13) ● 73	00
	74 Excess SDI (or VPDI) withheld (see page 13) ● 74	00
	75 Add line 71, line 72, line 73, and line 74. These are your total payments (see page 14). 75	00

Overpaid Tax/ Tax Due	91 Overpaid tax. If line 75 is more than line 64, subtract line 64 from line 75. 91	00
	92 Amount of line 91 you want applied to your 2013 estimated tax ● 92	00
	93 Overpaid tax available this year. Subtract line 92 from line 91 ● 93	00
	94 Tax due. If line 75 is less than line 64, subtract line 75 from line 64. 94	00

Use Tax	95 Use Tax. This is not a total line (see page 14) ● 95	00
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Your name: _____ Your SSN or ITIN: _____

Contributions	Code	Amount	Code	Amount
	California Seniors Special Fund (see page 23)	400	00	California Sea Otter Fund
Alzheimer's Disease/Related Disorders Fund	401	00	Municipal Shelter Spay-Neuter Fund	412 00
California Fund for Senior Citizens	402	00	California Cancer Research Fund	413 00
Rare and Endangered Species Preservation Program	403	00	ALS/Lou Gehrig's Disease Research Fund	414 00
State Children's Trust Fund for the Prevention of Child Abuse	404	00	Child Victims of Human Trafficking Fund	419 00
California Breast Cancer Research Fund	405	00	California YMCA Youth and Government Fund	420 00
California Firefighters' Memorial Fund	406	00	California Youth Leadership Fund	421 00
Emergency Food for Families Fund	407	00	School Supplies for Homeless Children Fund	422 00
California Peace Officer Memorial Foundation Fund	408	00	State Parks Protection Fund/Parks Pass Purchase	423 00
110 Add code 400 through code 423. This is your total contribution				110 00

111 AMOUNT YOU OWE. Add line 94, line 95, and line 110 (see page 15). **Do not send cash.**
 Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ● **111** 00
 Pay online – Go to **ftb.ca.gov** for more information.

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 page 17). Enclose, but **do not** staple, any payment. **114** 00

115 REFUND OR NO AMOUNT DUE. Subtract line 95 and line 110 from line 93 (see page 17).
 Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ● **115** 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 page 17).

Have you verified the routing and account numbers? Use whole dollars only.

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

Checking Savings

● Routing number ● Type ● Account number ● **116** Direct deposit amount 00

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

Checking Savings

● Routing number ● Type ● Account number ● **117** Direct deposit amount 00

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature _____ Spouse's/RDP's signature _____ Daytime phone number (optional) _____
 (if a joint tax return, both must sign) () _____
 X _____ X _____ Date _____

Sign Here

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

Joint tax return? (see page 17)

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

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

Firm's name (or yours, if self-employed) _____ Firm's address _____ ● FEIN _____

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

Print Third Party Designee's Name _____ Telephone Number _____