

California Resident Income Tax Return 2012

540A C1 Side 1

Your first name	Initial	Last name	Your SSN or ITIN	P AC A R RP
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.	
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 _____
 If your California filing status is different from your federal filing status, check the box here
 4 Head of household (with qualifying person) (see page 3)
 5 Qualifying widow(er) with dependent child. Enter year spouse/RDP died _____
 6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here (see page 7) **6**

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 and California Income Adjustments
 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 Income Adjustments.** See pages 8 and 9 for line 14a through line 14f.
 a State income tax refund 14a _____ .00
 b Unemployment compensation 14b _____ .00
 c U.S. social security or railroad retirement 14c _____ .00
 d California non-taxable interest or dividend income 14d _____ .00
 e California IRA distributions 14e _____ .00
 f Non-taxable pensions and annuities 14f _____ .00
 g Total California income adjustments. Add line 14a through line 14f ● 14g _____ .00
 17 Subtract line 14g from line 13. This is your California adjusted gross income. ● 17 _____ .00
 18 Enter the **larger** of your California **itemized deductions** or **standard deduction** 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 and Credits	31 Tax (see Tax Table)	31	_____	00
	32 Exemption credits. Enter the amount from line 11. If line 13 is more than \$169,730, see page 10	32	_____	00
	40 Nonrefundable Child and Dependent Care Expenses Credit (see page 11). Attach form FTB 3506.	40	_____	00
	46 Nonrefundable renter's credit (see page 12)	46	_____	00
	47 Total credits. Add line 32, line 40, and line 46	47	_____	00
	48 Subtract line 47 from line 31	48	_____	00
	62 Mental Health Services Tax (see page 13)	62	_____	00
	64 Add line 48 and line 62. This is your total tax. If less than zero, enter -0-	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
	74 Excess SDI (or VPD) withheld (see page 13)	74	_____	00
	75 Add line 71, line 72, and line 74. These are your total payments	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 (see page 14)	94	_____	00

Use Tax	95 Use Tax. This is not a total line (see page 14).	95	_____	00
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Contributions	Code	Amount	Code	Amount		
	California Seniors Special Fund (see page 23)	400	00	California Sea Otter Fund	410	00
	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		

Your name: _____ Your SSN or ITIN: _____

Amount You Owe

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.

113 Underpayment of estimated tax. If form FTB 5805 is attached, check this box ● **113** _____ **.00**

Refund and Direct Deposit

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 _____ **.00**
 Savings _____

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

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

_____ Checking _____ **.00**
 Savings _____

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

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.

Sign Here

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

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

Joint tax return? (see page 17)

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