

California Resident Income Tax Return 2013

540 C1 Side 1

Fiscal year filers only: Enter month of year end: month _____ year 2014.

Your first name	Initial	Last name	Your SSN or ITIN	A R RP
If joint tax return, spouse's/RDP's first name	Initial	Last name	Spouse's/RDP's SSN or ITIN	
Additional information (See instructions)			PBA Code	
Street address (Number and street or PO Box)		Apt. no/Ste. no.	PMB/Private Mailbox	
City (If you have a foreign address, see instructions)		State	ZIP Code	
Foreign Country Name		Foreign Province/State/County	Foreign Postal Code	

Date of Birth

Your DOB (mm/dd/yyyy) Spouse's/RDP's DOB (mm/dd/yyyy)

Prior Name

If you filed your 2012 tax return under a different last name, write the last name only from the 2012 tax return.

Taxpayer Spouse/RDP

Filing Status

1 Single 4 Head of household (with qualifying person). See instructions.

2 Married/RDP filing jointly. See inst. 5 Qualifying widow(er) with dependent child. Enter year spouse/RDP died

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

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 \$106 = \$

8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 8 X \$106 = \$

9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 9 X \$106 = \$

Exemptions

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

First name	Last name	Dependent's relationship to you
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Total dependent exemptions. **10** X \$326 = \$

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

Your name:

Your SSN or ITIN:

Taxable Income

- 12 State wages from your Form(s) W-2, box 16 ● 12 .00
- 13 Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4 ● 13 .00
- 14 California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B . . . ● 14 .00
- 15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 .00
- 16 California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C ● 16 .00
- 17 California adjusted gross income. Combine line 15 and line 16 ● 17 .00
- 18 Enter the **larger of:**
 - Your California **itemized deductions** from Schedule CA (540), line 44; **OR**
 - Your California **standard deduction** shown below for your filing status:
 - Single or Married/RDP filing separately \$3,906
 - Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$7,812
 - If the box on line 6 is checked, STOP. See instructions ● 18 .00
- 19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- ● 19 .00

Tax

- 31 Tax. Check the box if from: Tax Table Tax Rate Schedule
 FTB 3800 FTB 3803 ● 31 .00
- 32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$172,615, see instructions ● 32 .00
- 33 Subtract line 32 from line 31. If less than zero, enter -0- ● 33 .00
- 34 Tax. See instructions. Check the box if from: ● Schedule G-1 ● FTB 5870A ● 34 .00
- 35 Add line 33 and line 34 ● 35 .00

Special Credits

- 40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions ● 40 .00
- 41 New jobs credit, amount generated. See instructions ● 41 .00
- 42 New jobs credit, amount claimed. See instructions ● 42 .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 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

Your name:

Your SSN or ITIN:

Other Taxes

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

Payments

- 71 California income tax withheld. See instructions ● 71 .00
- 72 2013 CA estimated tax and other payments. See instructions ● 72 .00
- 73 Real estate and other withholding. See instructions ● 73 .00
- 74 Excess SDI (or VPD) withheld. See instructions ● 74 .00
- 75 Add line 71, line 72, line 73, and line 74. These are your total payments. See instructions ● 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 **2014** 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

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Your name:

Your SSN or ITIN:

Use Tax **95** Use Tax. **This is not a total line.** See instructions ● **95** .00

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
	California Fund for Senior Citizens	● 402	<input type="text"/> .00
	Rare and Endangered Species Preservation Program	● 403	<input type="text"/> .00
	State Children's Trust Fund for the Prevention of Child Abuse	● 404	<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
	Municipal Shelter Spay-Neuter Fund	● 412	<input type="text"/> .00
	California Cancer Research Fund	● 413	<input type="text"/> .00
	Child Victims of Human Trafficking Fund	● 419	<input type="text"/> .00
	California YMCA Youth and Government Fund	● 420	<input type="text"/> .00
	California Youth Leadership Fund	● 421	<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
	American Red Cross, California Chapters Fund	● 426	<input type="text"/> .00
	110 Add code 400 through code 426. This is your total contribution	● 110	<input type="text"/> .00

Your name:

Your SSN or ITIN:

111 AMOUNT YOU OWE. Add line 94, line 95, 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** for more information.

Amount You Owe

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

Interest and Penalties

115 REFUND OR NO AMOUNT DUE. Subtract line 95 and line 110 from line 93. See instructions.

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 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

Savings

.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

Refund and Direct Deposit

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

Date

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

X

X

Sign Here

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

Joint tax return? (See instructions)

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

Daytime phone number (optional)

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

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

● PTIN

Firm's address

● FEIN

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

Print Third Party Designee's Name

Telephone Number

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