

2016 California Resident Income Tax Return

540

Fiscal year filers only: Enter month of year end: month _____ year 2017.

Your first name	Initial	Last name	Suffix	Your SSN or ITIN	<input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> RP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
If joint tax return, spouse's/RDP's first name	Initial	Last name	Suffix	Spouse's/RDP's SSN or ITIN	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Additional information (see instructions)				PBA code	
<input type="text"/>				<input type="text"/>	
Street address (number and street) or PO box			Apt. no/ste. no.	PMB/private mailbox	
<input type="text"/>			<input type="text"/>	<input type="text"/>	
City (If you have a foreign address, see instructions)			State	ZIP code	
<input type="text"/>			<input type="text"/>	<input type="text"/>	
Foreign country name		Foreign province/state/county		Foreign postal code	
<input type="text"/>		<input type="text"/>		<input type="text"/>	

Date of Birth	Your DOB (mm/dd/yyyy)	Spouse's/RDP's DOB (mm/dd/yyyy)
	<input type="text"/>	<input type="text"/>

Prior Name	If you filed your 2015 tax return under a different last name, write the last name only from the 2015 tax return.	
	Taxpayer	Spouse/RDP
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Filing Status	1 <input 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 <input type="checkbox"/>		

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.	<input type="checkbox"/> 7	X \$111 =	<input type="checkbox"/> \$	<input type="text"/>
8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2	<input type="checkbox"/> 8	X \$111 =	<input type="checkbox"/> \$	<input type="text"/>
9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2	<input type="checkbox"/> 9	X \$111 =	<input type="checkbox"/> \$	<input type="text"/>

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

	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:

Your SSN or ITIN:

Taxable Income	12	State wages from your Form(s) W-2, box 16	● 12	<input type="text"/>	<input type="text"/>	.00
	13	Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4	● 13	<input type="text"/>	<input type="text"/>	.00
	14	California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B	● 14	<input type="text"/>	<input type="text"/>	.00
	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15	<input type="text"/>	<input type="text"/>	.00
	16	California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C	● 16	<input type="text"/>	<input type="text"/>	.00
	17	California adjusted gross income. Combine line 15 and line 16	● 17	<input type="text"/>	<input type="text"/>	.00
	18	Enter the larger of { <ul style="list-style-type: none"> Your California itemized deductions from Schedule CA (540), line 44; OR Your California standard deduction shown below for your filing status: <ul style="list-style-type: none"> • Single or Married/RDP filing separately \$4,129 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$8,258 	● 18	<input type="text"/>	<input type="text"/>	.00
	19	Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0-	● 19	<input type="text"/>	<input type="text"/>	.00

Tax	31	Tax. Check the box if from: <input type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input checked="" type="checkbox"/> FTB 3800 <input checked="" type="checkbox"/> FTB 3803	● 31	<input type="text"/>	<input type="text"/>	.00
	32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$182,459, see instructions	● 32	<input type="text"/>	<input type="text"/>	.00
	33	Subtract line 32 from line 31. If less than zero, enter -0-	● 33	<input type="text"/>	<input type="text"/>	.00
	34	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A	● 34	<input type="text"/>	<input type="text"/>	.00
	35	Add line 33 and line 34	● 35	<input type="text"/>	<input type="text"/>	.00

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

Other Taxes	61	Alternative minimum tax. Attach Schedule P (540)	● 61	<input type="text"/>	<input type="text"/>	.00
	62	Mental Health Services Tax. See instructions	● 62	<input type="text"/>	<input type="text"/>	.00
	63	Other taxes and credit recapture. See instructions	● 63	<input type="text"/>	<input type="text"/>	.00
	64	Add line 48, line 61, line 62, and line 63. This is your total tax	● 64	<input type="text"/>	<input type="text"/>	.00

Your name:

Your SSN or ITIN:

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

Use Tax
91 **Use Tax.** See instructions ● 91 .00

Overpaid Tax/Tax Due	92	Payments balance. If line 76 is more than line 91, subtract line 91 from line 76	⊙ 92	<input type="text"/>	.00
	93	Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91	⊙ 93	<input type="text"/>	.00
	94	Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92	⊙ 94	<input type="text"/>	.00
	95	Amount of line 94 you want applied to your 2017 estimated tax	● 95	<input type="text"/>	.00
	96	Overpaid tax available this year. Subtract line 95 from line 94	● 96	<input type="text"/>	.00
	97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64	⊙ 97	<input type="text"/>	.00

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Your name:

Your SSN or ITIN:

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
RESERVED (DO NOT USE)		<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
110 Add code 400 through code 435. This is your total contribution	● 110	<input type="text"/> .00

Your name:

Your SSN or ITIN:

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** for more information.

Amount You Owe

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** .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
 Savings

● 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:

● Type

● Routing number

Checking
 Savings

● 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.

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** 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

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