



Your name:

Your SSN or ITIN:

<b>Taxable Income</b>	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 <b>larger of</b> <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>Your California <b>itemized deductions</b> from Schedule CA (540), line 44; <b>OR</b></li> <li>Your California <b>standard deduction</b> shown below for your filing status: <ul style="list-style-type: none"> <li>• Single or Married/RDP filing separately . . . . . \$4,236</li> <li>• Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . . . \$8,472</li> </ul> </li> <li>If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions . . .</li> </ul>	● 18	<input type="text"/>	<input type="text"/>	.00
	19	Subtract line 18 from line 17. This is your <b>taxable income</b> . If less than zero, enter -0- . . . . .	● 19	<input type="text"/>	<input type="text"/>	.00

<b>Tax</b>	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 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 \$187,203, 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

<b>Special Credits</b>	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	

<b>Other Taxes</b>	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

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

Use Tax	91	<b>Use Tax.</b> Do not leave blank. See instructions. . . . .	● 91	<input type="text"/>	<input type="text"/>	.00
		If line 91 is zero, check if: <input type="checkbox"/> No use tax is owed. <input type="checkbox"/> 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	<input type="text"/>	<input type="text"/>	.00
	93	<b>Use Tax balance.</b> If line 91 is more than line 76, subtract line 76 from line 91 . . . . .	⊙ 93	<input type="text"/>	<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"/>	<input type="text"/>	.00
	95	Amount of line 94 you want applied to your <b>2018</b> estimated tax . . . . .	● 95	<input type="text"/>	<input type="text"/>	.00
	96	Overpaid tax available this year. Subtract line 95 from line 94 . . . . .	● 96	<input type="text"/>	<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"/>	<input type="text"/>	.00

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Contributions

	<b>Code</b>	<b>Amount</b>
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
<b>110</b> Add code 400 through code 440. This is your total contribution . . . . .	<b>● 110</b>	<input type="text"/> .00

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**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](http://ftb.ca.gov/pay) 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:

● 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

Refund and Direct Deposit

**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](http://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

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

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

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