

2017 California Resident Income Tax Return**540**

Fiscal year filers only: Enter month of year end: month _____ year 2018.

☐ Check here if this is an AMENDED return.

Your first name	Initial	Last name	Suffix	Your SSN or ITIN	<input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> RP
If joint tax return, spouse's/RDP's first name	Initial	Last name	Suffix	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.	
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)
	<input type="text"/>	<input type="text"/>
Prior Name	If you filed your 2016 tax return under a different last name, write the last name only from the 2016 tax return.	
	Your prior name	Spouse's/RDP's prior name
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. <input type="checkbox"/>		

► 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 \$114 = ☐ \$

8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 ☐ 8 X \$114 = ☐ \$

9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 ☐ 9 X \$114 = ☐ \$

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 \$353 = ☐ \$

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. \$4,236
 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$8,472
 If Married/RDP filing separately or 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 \$187,203, 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
- 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 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 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

Your name:

Your SSN or ITIN:

Payments

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

Use Tax

- | | | | |
|-----------|---|-------------|-----|
| 91 | Use Tax. Do not leave blank. See instructions | ● 91 | .00 |
|-----------|---|-------------|-----|

If line 91 is zero, check if:

☐

No use tax is owed.

☐

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 | .00 |
| 93 | Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91 | ● 93 | .00 |
| 94 | Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92 | ● 94 | .00 |
| 95 | Amount of line 94 you want applied to your 2018 estimated tax | ● 95 | .00 |
| 96 | Overpaid tax available this year. Subtract line 95 from line 94 | ● 96 | .00 |
| 97 | Tax due. If line 92 is less than line 64, subtract line 92 from line 64 | ● 97 | .00 |

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Your name:

Your SSN or ITIN:

Contributions

	<u>Code</u>	<u>Amount</u>
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
110 Add code 400 through code 440. 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**

Pay online – Go to **ftb.ca.gov/pay** for more information.Amount
You Owe**112** Interest, late return penalties, and late payment penalties● **112**

113 Underpayment of estimated tax. Check the box: ● ☐ **FTB 5805 attached**● ☐ **FTB 5805F attached** ● **113**

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment.● **114**

Interest and
Penalties**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**

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

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

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** 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**It is unlawful
to forge a
spouse's/RDP's
signature.Joint tax return?
(See instructions)

● 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