

California Resident Income Tax Return 2004

540 C1 Side 1

Fiscal year filers only: Enter month of year end: month _____ year 2005.

Step 1 Place label here or print Name and Address	Your first name JANE	Initial	Last name TAXPAYER	PBA Code	P
	If joint return, spouse's first name	Initial	Last name		AC
Present home address -- number and street, PO Box, or rural route 321 MAIN STREET			Apt. no.	PMB no.	A
City, town, or post office (If you have a foreign address, see instructions, page 9) ANYTOWN			State CA	ZIP Code 90000-0000	R

Step 1a SSN or ITIN	Your SSN or ITIN — —	Spouse's SSN or ITIN — —	IMPORTANT: Your SSN or ITIN is required.	RP 3
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Step 2
Filing Status

Fill in only one.

1 Single

2 Married filing jointly (even if only one spouse had income)

3 Married filing separately. Enter spouse's social security number above and full name here _____

4 Head of household (with qualifying person). STOP. See instructions, page 9.

5 Qualifying widow(er) with dependent child. Enter year spouse died _____

Step 3
Exemptions

6 If your parent, (or someone else) can claim you (or your spouse, if married) as a dependent on his or her tax return, even if he or she chooses not to, fill in this circle. 6 6 0

► 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.

7 **Personal:** If you filled in 1, 3, or 4 above, enter 1 in the box. If you filled in 2 or 5, enter 2 in the box. If you filled in the circle on line 6, see instructions, page 10. **7** X \$85 = \$ **85**

8 **Blind:** If you (or if married, your spouse) are visually impaired, enter 1; if both, enter 2. **8** X \$85 = \$

9 **Senior:** If you (or if married, your spouse) are 65 or older, enter 1; if both, enter 2. **9** X \$85 = \$

10 **Dependents:** Enter name and relationship. **Do not include yourself or your spouse.**

Dependent Exemptions _____ Total dependent exemptions **10** X \$265 = \$

11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 21 **11** \$ **85**

Step 4
Taxable Income

Enclose, but do not staple, any payment.

12 State wages from your Form(s) W-2, box 16	• 12	32,518
13 Enter federal adjusted gross income from Form 1040, line 36; Form 1040A, line 21; Form 1040EZ, line 4; or TeleFile Tax Record, line 1	13	32,518
14 California adjustments - subtractions. Enter the amount from Schedule CA (540), line 36, column B	• 14	
15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions, page 17.	15	32,518
16 California adjustments - additions. Enter the amount from Schedule CA (540), line 36, column C	• 16	
17 California adjusted gross income. Combine line 15 and line 16.	• 17	32,518
18 Enter the larger of: Your California itemized deductions from Schedule CA (540), line 43; OR Your California standard deduction shown below for your filing status: • Single or Married filing separately. \$3,165 • Married filing jointly, Head of household, or Qualifying widow(er).. \$6,330 If the circle on line 6 is filled in, STOP. See instructions, page 17.	• 18	3,165
19 Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0-	19	29,353

Step 5
Tax

Attach copy of your Form(s) W-2, W-2G, 592-B, 593-B, and 594. Also, attach any Form(s) 1099 showing California tax withheld.

20 Tax. Fill in circle if from: Tax Table FTB 3800 or FTB 3803 **20** **951**

Caution: If under age 14 and you have more than \$1,600 of investment income, read the line 20 instructions to see if you must attach form FTB 3800 or FTB 3803.

21 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$139,921, see instructions, page 10. **21** **85**

22 Subtract line 21 from line 20. If less than zero, enter -0- **22** **866**

23 Tax. See instructions, page 18.
 Fill in circle if from: Schedule G-1, Tax on Lump-Sum Distributions
 form FTB 5870A, Tax on Accumulation Distribution of Trusts **23**

24 Add line 22 and line 23. Continue to Side 2. **24** **866**

Step 6 25 Amount from Side 1, line 24. 25 866

Special Credits and Non-refundable Renter's Credit

28 Enter credit name _____ code no _____ and amount 28 _____

29 Enter credit name _____ code no _____ and amount 29 _____

30 To claim more than two credits, see instructions, page 19 30 _____

31 Nonrefundable renter's credit. See instructions, page 18 for "Step 6". 31 _____

33 Add line 28 through line 31. These are your total credits 33 _____

34 Subtract line 33 from line 25. If less than zero, enter -0-. 34 866

Step 7 35 Alternative minimum tax. Attach Schedule P (540) 35 _____

Other Taxes

36 Other taxes and credit recapture. See instructions, page 20. 36 _____

37 Add line 34 through line 36. This is your total tax. 37 866

Step 8 38 California income tax withheld. See instructions, page 20 38 826

Payments

39 2004 CA estimated tax and other payments. See instructions, page 20 39 _____

40 Real estate withholding. (Form(s) 592-B, 593-B, and 594) See instructions, page 20 40 _____

41 Excess SDI. To see if you qualify, see instructions, page 21. 41 _____

Child and Dependent Care Expenses Credit. See instructions, page 21; attach form FTB 3506.

42 _____ 43 _____

44 _____ 45 _____

46 Add line 38, line 39, line 40, line 41, and line 45. These are your total payments. 46 826

Step 9 47 Overpaid tax. If line 46 is more than line 37, subtract line 37 from line 46 47 _____

Overpaid Tax/ Tax Due

48 Amount of line 47 you want applied to your 2005 estimated tax 48 _____

49 Overpaid tax available this year. Subtract line 48 from line 47. 49 _____

50 Tax due. If line 46 is less than line 37, subtract line 46 from line 37. See instructions, page 21. 50 40

Step 9a 51 Use Tax. **This is not a total line.** See instructions, page 21. 51 00

Use Tax

Step 10 CA Seniors Special Fund See instructions, page 25. 52 00

Contributions

Alzheimer's Disease/Related Disorders Fund 53 00

CA Fund for Senior Citizens. 54 00

Rare and Endangered Species Preservation Program 55 00

State Children's Trust Fund for the Prevention of Child Abuse. 56 00

CA Breast Cancer Research Fund 57 00

CA Firefighters' Memorial Fund. 58 00

Emergency Food Assistance Program Fund. 59 00

CA Peace Officer Memorial Foundation Fund 60 00

Asthma and Lung Disease Research Fund 61 00

CA Missions Foundation Fund 62 00

CA Military Family Relief Fund. 63 00

CA Prostate Cancer Research Fund. 64 00

65 Add line 52 through line 64. These are your total contributions. 65 _____

Step 11 66 REFUND OR NO AMOUNT DUE. See instructions, page 22. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002 66 _____

Refund or Amount You Owe

67 AMOUNT YOU OWE. See instructions, page 22. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 67 40

Step 12 68 Interest, late return penalties, and late payment penalties. 68 _____

Interest and Penalties

69 Underpayment of estimated tax. Fill in circle: FTB 5805 attached FTB 5805F attached 69 _____

70 Total amount due. See instructions, page 23. Enclose, but do not staple, any payment. 70 _____

71 If you **do not** need California income tax forms mailed to you next year, fill in the circle. 71

Step 13 Do not attach a voided check or a deposit slip. See instructions, page 23

Direct Deposit (Refund Only)

Complete this section to have your refund directly deposited. Routing number. _____

Account Type: Checking Savings Account Number _____

Sign Here

It is unlawful to forge a spouse's signature

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. 3

Your signature _____ Spouse's signature (if filing jointly, both must sign) _____ Daytime phone number (optional) _____

Date _____

Joint return? Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) _____ Paid preparer's SSN/PTIN _____

See instructions, page 24. Firm's name (or yours if self-employed) _____ Firm's address _____ FEIN _____