

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: **JOE** 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: **123 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. **3**

Step 2
Filing Status

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 _____

Fill in only one.

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

▶ 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** 1 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

12 State wages from your Form(s) W-2, box 16 **12** **21,476**

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** **21,476**

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** **21,476**

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** **21,476**

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** **18,311**

Step 5
Tax

20 Tax. Fill in circle if from: Tax Table FTB 3800 or FTB 3803 **20** **379**

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** **294**

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** **294**

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.

Step 6 Special Credits and Non-refundable Renter's Credit

25	Amount from Side 1, line 24.	25	294
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	294

Step 7 Other Taxes

35	Alternative minimum tax. Attach Schedule P (540). ●	35	
36	Other taxes and credit recapture. See instructions, page 20. ●	36	
37	Add line 34 through line 36. This is your total tax. ●	37	294

Step 8 Payments

38	California income tax withheld. See instructions, page 20. ■	38	730
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	730

Step 9 Overpaid Tax/ Tax Due

47	Overpaid tax. If line 46 is more than line 37, subtract line 37 from line 46.	47	436
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	436
50	Tax due. If line 46 is less than line 37, subtract line 46 from line 37. See instructions, page 21.	50	

Step 9a Use Tax

51	Use Tax. This is not a total line. See instructions, page 21. ●	51	00
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Step 10 Contributions

CA Seniors Special Fund See instructions, page 25. ●	52	00	CA Firefighters' Memorial Fund. ●	58	00
Alzheimer's Disease/Related Disorders Fund. ●	53	00	Emergency Food Assistance Program Fund. ●	59	00
CA Fund for Senior Citizens. ●	54	00	CA Peace Officer Memorial Foundation Fund. ●	60	00
Rare and Endangered Species Preservation Program. ●	55	00	Asthma and Lung Disease Research Fund. ●	61	00
State Children's Trust Fund for the Prevention of Child Abuse. ●	56	00	CA Missions Foundation Fund. ●	62	00
CA Breast Cancer Research Fund. ●	57	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 Refund or Amount You Owe

66	REFUND OR NO AMOUNT DUE. See instructions, page 22. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002 ■	66	436
67	AMOUNT YOU OWE. See instructions, page 22. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 ■	67	

Step 12 Interest and Penalties

68	Interest, late return penalties, and late payment penalties.	68	
69	Underpayment of estimated tax. Fill in circle: <input type="radio"/> FTB 5805 attached <input type="radio"/> 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	<input type="radio"/>

Step 13 Direct Deposit (Refund Only)

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

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) (_____) _____
X	X	
Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)	Date	Paid preparer's SSN/PTIN
Firm's name (or yours if self-employed)	Firm's address	FEIN