

# 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.

► 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 <b>Personal:</b> 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"/>	X \$111 =	<input type="checkbox"/>	\$	<input type="text"/>
8 <b>Blind:</b> If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 . . . . .	<input type="checkbox"/>	X \$111 =	<input type="checkbox"/>	\$	<input type="text"/>
9 <b>Senior:</b> If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 . . . . .	<input type="checkbox"/>	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 . . . . .  X \$344 =  \$

11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32. . . . .  \$

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. . . . . \$4,129
  - Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . . . \$8,258

}

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 \$182,459, 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	<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	<b>Use Tax balance.</b> 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 <b>2017</b> 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

	<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 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
Child Victims of Human Trafficking Fund .....	● 419	<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
<b>110</b> Add code 400 through code 435. This is your total contribution .....	<b>● 110</b>	<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