

# 2018 California Resident Income Tax Return

# 540

Check here if this is an AMENDED return. Fiscal year filers only: Enter month of year end: month \_\_\_\_\_ year 2019.

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.	PMB/private mailbox	
City (If you have a foreign address, see instructions)			State	ZIP code	
Foreign country name		Foreign province/state/country		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	Your prior name (see instructions)	Spouse's/RDP's prior name (see instructions)
	<input type="text"/>	<input type="text"/>

If your California filing status is different from your federal filing status, check the box here

**1**  Single      **4**  Head of household (with qualifying person). See instructions.

**2**  Married/RDP filing jointly. See inst.      **5**  Qualifying widow(er). Enter year spouse/RDP died

See instructions.

**3**  Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here

**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 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 \$118 =  \$

**8 Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 . . . . .  8  X \$118 =  \$

**9 Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 . . . . .  9  X \$118 =  \$

**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 \$367 =  \$

**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 7. . . . . ● 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), Part II, line 30; **OR**
- Your California **standard deduction** shown below for your filing status:
  - Single or Married/RDP filing separately. . . . . \$4,401
  - Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . . . \$8,802

}

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 \$194,504, 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:

Contributions

	<b>Code</b>	<b>Amount</b>
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
Organ and Tissue Donor Registry Voluntary Tax Contribution Fund . . . . .	● 441	<input type="text"/> .00
National Alliance on Mental Illness California Voluntary Tax Contribution Fund . . . . .	● 442	<input type="text"/> .00
Schools Not Prisons Voluntary Tax Contribution Fund . . . . .	● 443	<input type="text"/> .00
<b>110</b> Add code 400 through code 443. 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/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:

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/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

● Firm's 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