

2023 California Resident Income Tax Return

540

DO NOT ATTACH FEDERAL RETURN

490-54-9199 SING
BIGWAGE SINGLE

23

01-01-1980

Principal Residence

Enter your county at time of filing (see instructions)

If your address above is the same as your principal/physical residence address at the time of filing, check this box ☐

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.)

Apt. no/ste. no.



City

State

ZIP code

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

Filing Status

1



Single

4



Head of household (with qualifying person). See instructions.

2

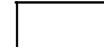


Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.

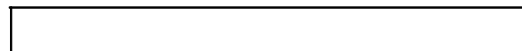
5



Qualifying surviving spouse/RDP. Enter year spouse/RDP died.



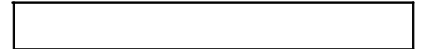
See instructions.



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 instr ☐

Exemptions

For line 7, line 8, line 9, and line 10: Multiply the number 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.



1 X \$144 = \$ 144

8

Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions



1 X \$144 = \$

9

Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions



1 X \$144 = \$

Your name:

SINGLE

Your SSN or ITIN:

490549199

10 Dependents: Do not include yourself or your spouse/RDP.

Exemptions

	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. See instructions.	<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

\$446 =

\$

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

11

\$

144

Taxable Income

12	State wages from your federal Form(s) W-2, box 16	12	10,000,000	.00
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11	13	10,000,000	.00
14	California adjustments - subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B	14		.00
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15	10,000,000	.00
16	California adjustments - additions. Enter the amount from Schedule CA (540), Part I, line 27, column C	16		.00
17	California adjusted gross income. Combine line 15 and line 16	17	10,000,000	.00
18	Enter the larger of: <div style="display: flex; align-items: center;"> <div style="font-size: 3em; margin-right: 10px;">{</div> <div> <p>Your California itemized deductions from Schedule CA (540), Part II, line 30; OR</p> <p>Your California standard deduction shown below for your filing status:</p> <ul style="list-style-type: none"> Single or Married/RDP filing separately \$5,363 Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP . . . \$10,726 <p>If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions.</p> </div> </div>	18	5,363	.00
19	Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0-	19	9,994,637	.00

Tax

31	Tax. Check the box if from: <div style="display: flex; align-items: center;"> <input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule </div>	31	1,211,330	.00
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$237,035, see instructions	32		.00
33	Subtract line 32 from line 31. If less than zero, enter -0-	33	1,211,330	.00
34	Tax. See instructions. Check the box if from: <div style="display: flex; align-items: center;"> <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A </div>	34		.00
35	Add line 33 and line 34	35	1,211,330	.00

Special Credits

40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions.	40		.00
43	Enter credit name <input type="text"/> code <input type="text"/> and amount	43		.00
44	Enter credit name <input type="text"/> code <input type="text"/> and amount	44		.00

Your name:

SINGLE

Your SSN or ITIN:

490549199

Special Credits

- 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

Payments

- 71 California income tax withheld. See instructions . . . • 71 .00
- 72 2023 California estimated tax and other payments. See instructions . . . • 72 .00
- 73 Withholding (Form 592-B and/or Form 593). See instructions . . . • 73 .00
- 74 Excess SDI (or VPDI) withheld. See instructions . . . • 74 .00
- 75 Earned Income Tax Credit (EITC). See instructions . . . • 75 .00
- 76 Young Child Tax Credit (YCTC). See instructions . . . • 76 .00
- 77 Foster Youth Tax Credit (FYTC). See instructions . . . • 77 .00
- 78 Add line 71 through line 77. These are your total payments.
See instructions . . . • 78 .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.

ISR
Penalty

- 92 If you and your household had full-year health care coverage, check the box.
See instructions. Medicare Part A or C coverage is qualifying health care coverage . . . • ☒ X
- If you did not check the box, see instructions
- Individual Shared Responsibility (ISR) Penalty. See instructions . . . • 92 .00

Overpaid Tax/Tax Due

- 93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 . . • 93 .00
- 94 **Use Tax balance.** If line 91 is more than line 78, subtract line 78 from line 91 . . • 94 .00
- 95 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92,
subtract line 92 from line 93 . . . • 95 .00
- 96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93,
subtract line 93 from line 92 . . . • 96 .00
- 97 Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95 . . . • 97 .00

Your name:

SINGLE

Your SSN or ITIN:

490549199

Overpaid
Tax/Tax Due

98	Amount of line 97 you want applied to your 2024 estimated tax	•	98	<input type="text"/>	.00
99	Overpaid tax available this year. Subtract line 98 from line 97	•	99	<input type="text"/>	.00
100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	⊛	100	1,301,276	.00

Contributions

Code Amount

California Seniors Special Fund. See instructions	•	400	<input type="text"/>	.00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution 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 Voluntary Tax Contribution Fund	•	406	<input type="text"/>	.00
Emergency Food for Families Voluntary Tax Contribution Fund	•	407	<input type="text"/>	.00
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	•	408	<input type="text"/>	.00
California Sea Otter Voluntary Tax Contribution Fund	•	410	<input type="text"/>	.00
California Cancer Research Voluntary Tax Contribution Fund	•	413	<input type="text"/>	.00
School Supplies for Homeless Children Voluntary Tax Contribution 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
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 Kit Backlog Voluntary Tax Contribution Fund	•	440	<input type="text"/>	.00
Suicide Prevention Voluntary Tax Contribution Fund	•	444	<input type="text"/>	.00
Mental Health Crisis Prevention Voluntary Tax Contribution Fund	•	445	<input type="text"/>	.00
110 Add amounts in code 400 through code 445. This is your total contribution	•	110	<input type="text"/>	.00

Your name: Your SSN or ITIN:

Amount You Owe
111 AMOUNT YOU OWE. If you do not have an amount on line 99, add line 94, line 96, line 100, 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** for more information.

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 99. See instructions.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** . . . • **115** .00

Refund and Direct Deposit
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 • Account number • **116** Direct deposit amount .00
☐ Checking
☐ Savings
The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:
• Type
• Routing number • Account number • **117** Direct deposit amount .00
☐ Checking
☐ Savings

Voter Info.
For voter registration information, check the box and go to **sos.ca.gov/elections**. See instructions . . . ☐

Health Care Coverage Info.
Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions ☒ ☐ Yes ☐ No

Sign your tax return on Side 6

Your name: Your SSN or ITIN:

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

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)

☒ Your email address. Enter only one email address.

☒ Preferred phone number

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Joint tax return? See instructions.

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

☐ 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