

## 2023 California Resident Income Tax Return

540

ATTACH FEDERAL RETURN

490-54-9999 C 490-54-6666 23  
CHCR C  
S S

01-01-2000 01-01-2000

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

Filing Status

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 (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.  7  X \$144 =  288

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions  8  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  9  X \$144 =

Your name: C Your SSN or ITIN: 490549999

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

	Dependent 1	Dependent 2	Dependent 3
First Name	A		
Last Name	A		
SSN. See instructions.	490548888		
Dependent's relationship to you	SON		

Total dependent exemptions . . . . . 10 1 X \$446 = \$ 446

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32. . . . . 11 \$ 734

12	State wages from your federal Form(s) W-2, box 16 . . . . .	12	30,000	.00
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 . . . . .	13	30,000	.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	30,000	.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	30,000	.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 . . . . . \$5,363 • Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP . . . \$10,726 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions. . . . .	18	10,726	.00
19	Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0- . . . . .	19	19,274	.00

31	Tax. Check the box if from: • <input checked="" type="checkbox"/> Tax Table • <input type="checkbox"/> Tax Rate Schedule • <input type="checkbox"/> FTB 3800 • <input type="checkbox"/> FTB 3803 . . . . .	31	193	.00
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$237,035, see instructions . . . . .	32	734	.00
33	Subtract line 32 from line 31. If less than zero, enter -0- . . . . .	33	0	.00
34	Tax. See instructions. Check the box if from: • <input type="checkbox"/> Schedule G-1 • <input type="checkbox"/> FTB 5870A . . . . .	34		.00
35	Add line 33 and line 34 . . . . .	35	0	.00

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

Your name:

C

Your SSN or ITIN:

490549999

## 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 VPD) 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 . . . • ☐
- 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:

C

Your SSN or ITIN:

490549999

Overpaid  
Tax/Tax Due

<b>98</b>	Amount of line 97 you want applied to your <b>2024</b> estimated tax . . . . .	•	<b>98</b>	<input type="text"/>	.00
<b>99</b>	Overpaid tax available this year. Subtract line 98 from line 97 . . . . .	•	<b>99</b>	<input type="text" value="230"/>	.00
<b>100</b>	Tax due. If line 95 is less than line 64, subtract line 95 from line 64 . . . . .	⊛	<b>100</b>	<input type="text"/>	.00

Contributions

			<u>Code</u>	<u>Amount</u>	
	California Seniors Special Fund. See instructions . . . . .	•	<b>400</b>	<input type="text"/>	.00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund . . . . .	•	<b>401</b>	<input type="text"/>	.00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program . . . . .	•	<b>403</b>	<input type="text"/>	.00
	California Breast Cancer Research Voluntary Tax Contribution Fund . . . . .	•	<b>405</b>	<input type="text"/>	.00
	California Firefighters' Memorial Voluntary Tax Contribution Fund . . . . .	•	<b>406</b>	<input type="text"/>	.00
	Emergency Food for Families Voluntary Tax Contribution Fund . . . . .	•	<b>407</b>	<input type="text"/>	.00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund . . . . .	•	<b>408</b>	<input type="text"/>	.00
	California Sea Otter Voluntary Tax Contribution Fund . . . . .	•	<b>410</b>	<input type="text"/>	.00
	California Cancer Research Voluntary Tax Contribution Fund . . . . .	•	<b>413</b>	<input type="text"/>	.00
	School Supplies for Homeless Children Voluntary Tax Contribution Fund . . . . .	•	<b>422</b>	<input type="text"/>	.00
	State Parks Protection Fund/Parks Pass Purchase . . . . .	•	<b>423</b>	<input type="text"/>	.00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund . . . . .	•	<b>424</b>	<input type="text"/>	.00
	Keep Arts in Schools Voluntary Tax Contribution Fund . . . . .	•	<b>425</b>	<input type="text"/>	.00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund . . . . .	•	<b>438</b>	<input type="text"/>	.00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund . . . . .	•	<b>439</b>	<input type="text"/>	.00
	Rape Kit Backlog Voluntary Tax Contribution Fund . . . . .	•	<b>440</b>	<input type="text"/>	.00
	Suicide Prevention Voluntary Tax Contribution Fund . . . . .	•	<b>444</b>	<input type="text"/>	.00
	Mental Health Crisis Prevention Voluntary Tax Contribution Fund . . . . .	•	<b>445</b>	<input type="text"/>	.00
<b>110</b>	Add amounts in code 400 through code 445. This is your total contribution . . . . .	•	<b>110</b>	<input type="text"/>	.00

Your name: C Your SSN or ITIN: 490549999

**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 0 .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

**Refund and Direct Deposit** 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** . . . • 115 230 .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:  
• 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

**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](http://ftb.ca.gov/privacy) to learn about our privacy policy statement, or go to [ftb.ca.gov/forms](http://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