

# 2017 California Resident Income Tax Return

# 540

Fiscal year filers only: Enter month of year end: month \_\_\_\_\_ year 2018.  Check here if this is an AMENDED return.

|  |         |                               |        |                            |   |
|--|---------|-------------------------------|--------|----------------------------|---|
| Your first name  | Initial | Last name                     | Suffix | Your SSN or ITIN           | <input type="checkbox"/> A<br><input type="checkbox"/> R<br><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/county |        | Foreign postal code        |   |

**Date of Birth**

Your DOB (mm/dd/yyyy)  Spouse's/RDP's DOB (mm/dd/yyyy)

**Prior Name**

If you filed your 2016 tax return under a different last name, write the last name only from the 2016 tax return.

Your prior name  Spouse's/RDP's prior name

**Filing Status**

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

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

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

If your California filing status is different from your federal filing status, check the box 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 \$114 =  \$

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2  8 X \$114 =  \$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2  9 X \$114 =  \$

**Exemptions**

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 \$353 =  \$

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 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. . . . . \$4,236
  - Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . . . \$8,472

}

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 \$187,203, 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"/> | <input type="text"/> | .00 |
|          | 72 | 2017 CA estimated tax and other payments. See instructions . . . . .               | ● 72 | <input type="text"/> | <input type="text"/> | .00 |
|          | 73 | Withholding (Form 592-B and/or 593). See instructions . . . . .                    | ● 73 | <input type="text"/> | <input type="text"/> | .00 |
|          | 74 | Excess SDI (or VPD) withheld. See instructions . . . . .                           | ● 74 | <input type="text"/> | <input type="text"/> | .00 |
|          | 75 | Earned Income Tax Credit (EITC) . . . . .  | ● 75 | <input type="text"/> | <input type="text"/> | .00 |
|          | 76 | Add lines 71 through 75. These are your total payments. See instructions . . . . . | ⊙ 76 | <input type="text"/> | <input type="text"/> | .00 |

|         |    |  |      |                      |                      |     |
|---------|----|--|------|----------------------|----------------------|-----|
| Use Tax | 91 | <b>Use Tax.</b> Do not leave blank. See instructions . . . . .   | ● 91 | <input type="text"/> | <input type="text"/> | .00 |
|         |    | If line 91 is zero, check if: <input type="checkbox"/> No use tax is owed.<br><input type="checkbox"/> You paid your use tax obligation directly to CDTFA. |      |                      |                      |     |

|                      |    |  |      |                      |                      |     |
|----------------------|----|--|------|----------------------|----------------------|-----|
| 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"/> | <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"/> | <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"/> | <input type="text"/> | .00 |
|                      | 95 | Amount of line 94 you want applied to your <b>2018</b> estimated tax . . . . .                   | ● 95 | <input type="text"/> | <input type="text"/> | .00 |
|                      | 96 | Overpaid tax available this year. Subtract line 95 from line 94 . . . . .                        | ● 96 | <input type="text"/> | <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"/> | <input type="text"/> | .00 |

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This space reserved for 2D barcode

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 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 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 |
| <b>110</b> Add code 400 through code 440. 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:

● 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

Refund and Direct Deposit

**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**)

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