

# California Resident Income Tax Return 2001

FORM

**540**

Fiscal year filers only: Enter month of year end: month \_\_\_\_\_ year 2002.

**Step 1** **Name and Address**

Your first name \_\_\_\_\_ Initial \_\_\_\_\_ Last name \_\_\_\_\_ PBA Code \_\_\_\_\_

If joint return, spouse's first name \_\_\_\_\_ Initial \_\_\_\_\_ Last name \_\_\_\_\_

Present home address — number and street, PO Box, or rural route \_\_\_\_\_ Apt. no. \_\_\_\_\_ PMB no. \_\_\_\_\_

City, town, or post office \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

P  
AC  
A  
R  
RP

**Step 1a** **SSN**

Your social security number \_\_\_\_\_ Spouse's social security number \_\_\_\_\_

**IMPORTANT:** Your social security number is required.

**Step 2** **Filing Status**

Fill in only one.

1  Single  
 2  Married filing joint return (even if only one spouse had income)  
 3  Married filing separate return. Enter spouse's social security number above and full name here \_\_\_\_\_  
 4  Head of household (with qualifying person). STOP. See instructions.  
 5  Qualifying widow(er) with dependent child. Enter year spouse died \_\_\_\_\_.

**Step 3** **Exemptions**

6 If your parent (or someone else) can claim you (or your spouse, if married) as a dependent on his or her tax return, even if he or she chooses not to, fill in this circle  6

► For line 7, line 8, line 9, and line 11: Multiply the amount you enter in the box by the pre-printed dollar amount for that line.

7 **Personal:** If you filled in 1, 3, or 4 above, enter 1 in the box. If you filled in 2 or 5, enter 2 in the box. If you filled in the circle on line 6, see instructions ..... 7  X \$79 = \$ \_\_\_\_\_

8 **Blind:** If you (or if married, your spouse) are visually impaired, enter 1; if both, enter 2 ..... 8  X \$79 = \$ \_\_\_\_\_

9 **Senior:** If you (or if married, your spouse) are 65 or older, enter 1; if both, enter 2 ..... ● 9  X \$79 = \$ \_\_\_\_\_

10 Add line 7 through line 9. This is your total exemption credit before the dependent exemption credit ..... 10 **Total** \$ \_\_\_\_\_

11 **Dependents:** Enter name and relationship. **Do not include yourself or your spouse.**

**Dependent Exemptions**

\_\_\_\_\_ Total dependent exemption credit ..... ● 11  X \$247 = \$ \_\_\_\_\_

**Step 4** **Taxable Income**

Attach check or money order here.

12 State wages from your Form(s) W-2, box 16 ..... ● 12 \_\_\_\_\_

13 Enter federal adjusted gross income from Form 1040, line 33; Form 1040A, line 19; Form 1040EZ, line 4; or TeleFile Tax Record, line I ..... 13 \_\_\_\_\_

14 California adjustments – subtractions. Enter the amount from Schedule CA (540), line 33, column B .... ● 14 \_\_\_\_\_  
**Caution:** If line 33, column B is a negative amount, see Schedule CA (540), line 33 instructions.

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions ..... 15 \_\_\_\_\_

16 California adjustments – additions. Enter the amount from Schedule CA (540), line 33, column C ..... ● 16 \_\_\_\_\_  
**Caution:** If line 33, column C is a negative amount, see Schedule CA (540), line 33 instructions.

17 California adjusted gross income. Combine line 15 and line 16 ..... ● 17 \_\_\_\_\_

18 Enter the **larger of:**   
 Your California **itemized deductions** from Schedule CA (540), line 40; **OR**  
 Your California **standard deduction** shown below for your filing status:  
 • Single or Married filing separate ..... \$2,960  
 • Married filing joint, Head of household, or Qualifying widow(er) ..... \$5,920  
 (Dependent of someone else and filled in the circle on line 6 ..... See instructions) ..... ● 18 \_\_\_\_\_

19 Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0- ..... 19 \_\_\_\_\_

**Step 5** **Tax**

Attach copy of your Form(s) W-2, and W-2G. Also, attach any Form(s) 1099 showing California tax withheld.

20 Tax. Fill in circle if from:  Tax Table  Tax Rate Schedule  FTB 3800 or  FTB 3803 ..... ● 20 \_\_\_\_\_  
**Caution:** If under age 14 and you have more than \$1,500 of investment income, read the line 20 instructions to see if you must attach form FTB 3800.

21 Exemption credits. If your federal AGI is more than \$130,831, see instructions. Otherwise, add line 10 and line 11 and enter the result here ..... 21 \_\_\_\_\_

22 Subtract line 21 from line 20. If less than zero, enter -0- ..... 22 \_\_\_\_\_

23 Tax. Fill in circle if from:  Schedule G-1, Tax on Lump-Sum Distributions  form FTB 5870A, Tax on Accumulation Distribution of Trusts ..... ● 23 \_\_\_\_\_

24 Add line 22 and line 23. Continue to Side 2 ..... 24 \_\_\_\_\_

Your name \_\_\_\_\_ Your SSN: \_\_\_\_\_

### Step 6

#### Special Credits and Nonrefundable Renter's Credit

25	Amount from Side 1, line 24	.....	25	_____
28	Enter credit name _____ code no _____ and amount	▶	28	_____
29	Enter credit name _____ code no _____ and amount	▶	29	_____
30	To claim more than two credits, see instructions	●	30	_____
31	Nonrefundable renter's credit. See instructions for "Step 6"	●	31	_____
33	Add line 28 through line 31. These are your total credits	.....	33	_____
34	Subtract line 33 from line 25. If less than zero, enter -0-	.....	34	_____

### Step 7

#### Other Taxes

35	Alternative minimum tax. Attach Schedule P (540)	.....	●	35	_____
36	Other taxes and credit recapture. See instructions	.....	●	36	_____
37	Add line 34 through line 36. This is your total tax	.....	●	37	_____

### Step 8

#### Payments

38	California income tax withheld. See instructions	.....	■	38	_____
39	2001 CA estimated tax and other payments. See instructions	.....	■	39	_____
41	Excess SDI. See instructions	.....	■	41	_____

**Child and Dependent Care Expenses Credit.** See instructions; attach form FTB 3506

●	42	_____	■	43	_____
■	44	_____	■	45	_____
46	Add line 38, line 39, line 41, and line 45. These are your total payments	.....	46	_____	

### Step 9

#### Overpaid Tax or Tax Due

47	Overpaid tax. If line 46 is more than line 37, subtract line 37 from line 46	.....	47	_____	
48	Amount of line 47 you want applied to your 2002 estimated tax	.....	■	48	_____
49	Overpaid tax available this year. Subtract line 48 from line 47	.....	■	49	_____
50	Tax due. If line 46 is less than line 37, subtract line 46 from line 37	.....	50	_____	

### Step 10

#### Contributions

CA Seniors Special Fund. See instructions	.....	●	51	_____	00
Alzheimer's Disease/Related Disorders Fund	.....	●	52	_____	00
CA Fund for Senior Citizens	.....	●	53	_____	00
Rare and Endangered Species Preservation Program	.....	●	54	_____	00
State Children's Trust Fund for the Prevention of Child Abuse	.....	●	55	_____	00
CA Breast Cancer Research Fund	.....	●	56	_____	00
CA Firefighters' Memorial Fund	.....	●	57	_____	00
Emergency Food Assistance Program Fund	.....	●	58	_____	00
CA Peace Officer Memorial Foundation Fund	.....	●	59	_____	00
Lupus Foundation of America, California Chapters Fund	.....	●	60	_____	00

64	Add line 51 through line 60. These are your total contributions	.....	●	64	_____
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### Step 11

#### Refund or Amount You Owe

65	<b>REFUND OR NO AMOUNT DUE.</b> Subtract line 64 from line 49. Mail to: <b>FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002</b>	.....	■	65	_____
66	<b>AMOUNT YOU OWE.</b> Add line 50 and line 64. See instructions. Mail to: <b>FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001</b>	.....	■	66	_____

### Step 12

#### Interest and Penalties

67	Interest, late return penalties, and late payment penalties	.....	67	_____	
68	Underpayment of estimated tax. Fill in circle: <input type="radio"/> FTB 5805 attached <input type="radio"/> FTB 5805F attached	.....	■	68	_____
69	Total amount due. See instructions	.....	69	_____	
70	If you <b>do not</b> need California income tax forms mailed to you next year, fill in the circle	.....	●	70	<input type="radio"/>

### Step 13

#### Direct Deposit (Refund Only)

Do not attach a voided check or a deposit slip.  
Fill in the boxes to have your refund directly deposited. Routing number \_\_\_\_\_ ● \_\_\_\_\_

Account Type:  
Checking ●  Savings ●  Account number \_\_\_\_\_ ● \_\_\_\_\_

### Sign Here

It is unlawful to forge a spouse's signature.

Joint return? See instructions.

**IMPORTANT:** See "Attachments to your return" on page 9 in the Form 540 instructions to find out if you should attach a copy of your complete federal return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. 9

Your signature \_\_\_\_\_ Daytime phone number \_\_\_\_\_  
X \_\_\_\_\_ ( ) \_\_\_\_\_  
Spouse's signature (if filing joint, both must sign) \_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_\_  
Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) \_\_\_\_\_ Paid preparer's SSN/PTIN \_\_\_\_\_

Firm's name (or yours if self-employed) \_\_\_\_\_ Firm's address \_\_\_\_\_ FEIN \_\_\_\_\_