

California Resident Income Tax Return 2006

540A C1 Side 1

Your first name	Initial	Last name	Your SSN or ITIN	P AC A R RP
If joint return, spouse's first name	Initial	Last name	Spouse's SSN or ITIN	
Present home address — number and street, PO Box, rural route, or PMB no.				Apt. no.
City, town, or post office (If you have a foreign address, (see page 7))			State	ZIP Code

Prior Name If you filed your 2005 tax return under a different last name, write the last name only from the 2005 return.
 Taxpayer Spouse

Filing Status

1 Single
 2 Married filing jointly. (see page 3)
 3 Married filing separately. Enter spouse's SSN or ITIN above and full name here _____
 4 Head of household (with qualifying person). (see page 3)
 5 Qualifying widow(er) with dependent child. Enter year spouse died _____
 6 If someone can claim you (or your spouse) as a dependent, fill in the circle here (see page 7) 6

Exemptions

▶ 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.

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 page 7. 7 X \$91 = \$ _____

8 **Blind:** If you (or your spouse) are visually impaired, enter 1; if both, enter 2 8 X \$91 = \$ _____

9 **Senior:** If you (or your spouse) are 65 or older, enter 1; if both, enter 2 9 X \$91 = \$ _____

10 **Dependents:** Enter name and relationship. **Do not include yourself or your spouse.** _____
 Total dependent exemptions. 10 X \$285= \$ _____

11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 18 11 \$ _____

Taxable Income and California Income Adjustments

12 **a** State wages from your Form(s) W-2, box 16 or CA Sch. W-2, line C 12a _____

12 **b** Enter federal adjusted gross income from your Forms 1040EZ, line 4; 1040A, line 21; or 1040, line 37 12b _____

13 **California Income Adjustments.** See pages 7 and 8 for line 13a through line 13f.

a	State income tax refund	13a	_____
b	Unemployment compensation	13b	_____
c	U.S. social security or railroad retirement	13c	_____
d	California non-taxable interest or dividend income	13d	_____
e	California IRA distributions	13e	_____
f	Non-taxable pensions and annuities. See page 8	13f	_____
g	Total California income adjustments. Add line 13a through line 13f	<input checked="" type="radio"/> 13g	_____

14 Subtract line 13g from line 12b. This is your California adjusted gross income. (see page 8) 14 _____

15 Enter the **larger of:**
 { Your California **itemized deductions** or **standard deduction** shown below for your filing status:
 • Single or Married filing separately \$3,410
 • Married filing jointly, Head of household, or Qualifying widow(er) \$6,820
 If the circle on line 6 is filled in, STOP. (see page 13) 15 _____

16 Subtract line 15 from line 14. This is your **taxable income**. If less than zero, enter -0- 16 _____

17 Tax. See Tax Table. 17 _____

18 Exemption credits. Enter the amount from line 11.
 If line 12b is more than \$150,743, see page 9 18 _____

19 Nonrefundable renter's credit. (see page 10) 19 _____

20 Total credits. Add line 18 and line 19 20 _____

21 Subtract line 20 from line 17 21 _____

22 Mental Health Services Tax. (see page 10) 22 _____

23 Add line 21 and line 22. This is your total tax. If less than zero, enter -0- 23 _____

Your name: _____ Your SSN or ITIN: _____

- 24 Enter the amount from Side 1, line 23 24 _____
- 25 California income tax withheld. (see page 10) 25 _____
- 26 2006 California estimated tax and payment with form FTB 3519 and amount applied from 2005 return 26 _____
- 27 Excess SDI. To see if you qualify, see page 10 27 _____

Child and Dependent Care Expenses Credit. (see page 10.)
Attach form FTB 3506.

- 28 _____
- 29 _____
- 30 _____ ■ 31 _____
- 32 Total payments and credits. Add line 25, line 26, line 27, and line 31 32 _____
- 33 Overpaid tax. If line 32 is more than line 24, subtract line 24 from line 32 33 _____
- 34 Enter the amount of line 33 you want applied to your 2007 estimated tax 34 _____
- 35 Overpaid tax available this year. Subtract line 34 from line 33 35 _____
- 36 Tax due. If line 32 is less than line 24, subtract line 32 from line 24. (see page 11). 36 _____

Use Tax 37 Use Tax. **This is not a total line.** (see page 11) ● 37 _____ 0 0

Contributions	CA Seniors Special Fund. (see page 59) ● 50	00	Emergency Food Assistance Program Fund ... ● 57	00
	Alzheimer's Disease/Related Disorders Fund ● 51	00	CA Peace Officer Memorial Foundation Fund .. ● 58	00
	CA Fund for Senior Citizens ● 52	00	CA Military Family Relief Fund ● 59	00
	Rare and Endangered Species Preservation Program... ● 53	00	Veterans' Quality of Life Fund ● 60	00
	State Children's Trust Fund for the Prevention of Child Abuse..... ● 54	00	CA Sexual Violence Victim Services Fund ● 61	00
	CA Breast Cancer Research Fund ● 55	00	CA Colorectal Cancer Prevention Fund ● 62	00
	CA Firefighters' Memorial Fund..... ● 56	00	CA Sea Otter Fund..... ● 63	00
	38 Add line 50 through line 63. These are your total contributions..... ● 38		00	

Amount You Owe 39 **AMOUNT YOU OWE.** (see page 11) **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** 39 _____
Pay Online – Go to our Website at www.ftb.ca.gov

40 Underpayment of estimated tax. If form FTB 5805 is attached, fill in this circle 40 _____

Refund and Direct Deposit 41 **REFUND or NO AMOUNT DUE.** (see page 12)
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002** 41 _____

Fill in the information to have your refund directly deposited to one or two separate accounts. Do not attach a voided check or a deposit slip. (see page 12)

All or portion of total refund (line 41) you want to direct deposit:

Checking Savings _____

● Routing number ● Type ● Account number **42** Amount you want to direct deposit _____

Remaining portion of total refund (line 41) you want to direct deposit:

Checking Savings _____

● Routing number ● Type ● Account number **43** Amount you want to direct deposit _____

Sign Here Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is true, correct, and complete.

It is unlawful to forge a spouse's signature. Your signature _____ Spouse's signature (if filing jointly, both must sign) _____ Daytime phone number (optional) (_____) _____

Joint return? (see page 12). X _____ 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 _____