Electronic Filing Instructions for your 2010 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.

Arron L Marshall
3548 Dinny Street
Santa Clara, CA 95054

Balance Due/ Refund	Your federal tax return (Form 1040EZ) shows a refund due to you in the amount of $1,054.00. Your tax refund should be direct deposited into your account within 8 to 14 days after your return is accepted. The account information you entered - Account Number: 887707446 Routing Transit Number: 322271627.
Where's My Refund?	Before you call the Internal Revenue Service with questions about your refund, give them 8 to 14 days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check www.irs.gov and select the "Where's my refund?" link.
No Signature Document Needed	No signature form is required since you signed your return electronically.
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your federal return

2010 Federal Tax Return Summary

Adjusted Gross Income	$	22,823.00
Taxable Income	$	13,473.00
Total Tax	$	1,603.00
Total Payments/Credits	$	2,657.00
Amount to be Refunded	$	1,054.00
Effective Tax Rate		7.02%

Hi Arron,

We just want to thank you for using TurboTax this year! It's our goal to make your taxes easy and accurate, year after year.

With TurboTax Basic:
Breathe easy. The calculations on your return are backed with our 100% Accuracy Guarantee.

Here's the final wrap up for your 2010 taxes:

Your federal tax refund is: $ 1,054.00

- We double checked your return for errors along the way.
- We helped with step-by-step guidance to get your answers on the right IRS forms.
- We made sure you didn't miss a deduction even if something in your life changed, like a new job, new house - or more kids!

Your Head Start On Next Year:
When you come back next year, taxes will be so easy! We'll have all your information saved and ready to transfer in to your new return. We'll ask you questions about what changed since we last talked, and we'll be ready to get you the credits and deductions you deserve, no matter what life throws at you.

Also included:
- We provide the Audit Support Center free of charge in the unlikely event you get audited.

With TurboTax State:
- You saved time by automatically transferring your federal tax information to your state return

Many happy returns from TurboTax.

Consent to Use Your Tax Return Information

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use, without your consent, your tax return information for purposes other than the preparation and filing of your tax return.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year.

Before we continue, we need your permission to check your tax return to see if you are eligible for certain options in our program. Specifically, we would like to check your age, whether you have a refund and the amount, your state of residence, and whether you are a U.S. Resident.

The following statements apply:

I authorize Intuit, the maker of TurboTax to use the 2010 tax return information described above to determine my eligibility to place all or a portion of my refund on a debit card.

Sign this agreement by entering your name:

Arron

Taxpayer's First Name

Marshall

Taxpayer's Last Name

Arron L Marshall

Spouse's First Name (if applicable)

Spouse's Last Name (if applicable)

Enter today's date:

01/15/2011

Date

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at *complaints@tigta.treas.gov.*

Form **1040EZ**

Department of the Treasury — Internal Revenue Service

Income Tax Return for Single and Joint Filers With No Dependents (99) 2010

OMB No. 1545-0074

Name, Address, and SSN

See separate instructions.

Your first name	MI	Last name	Your social security number
Arron	L	Marshall	600-82-1493
If a joint return, spouse's first name	MI	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt no.

3548 Dinny Street

▲ Make sure the SSN(s) above are correct. ▲

City, town or post office. If you have a foreign address, see instructions. State ZIP code

Santa Clara CA 95054

Presidential Election Campaign (see instrs)

Checking a box below will not change your tax or refund.

Check here if you, or your spouse if a joint return, want $3 to go to this fund? ☐ **You** ☐ **Spouse**

Income

Attach Form(s) W-2 here. Enclose, but do not attach, any payment.

You may be entitled to a larger deduction if you file Form 1040A or 1040. See *Before You Begin* in the instructions.

1	Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2	1	22,823.
2	Taxable interest. If the total is over $1,500, you cannot use Form 1040EZ	2	
3	Unemployment compensation and Alaska Permanent Fund dividends (see instructions)	3	
4	Add lines 1, 2, and 3. This is your **adjusted gross income**	4	22,823.
5	If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet. ☐ **You** ☐ **Spouse** If no one can claim you (or your spouse if a joint return), enter $9,350 if **single;** $18,700 if **married filing jointly.** See instructions	5	9,350.
6	Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your **taxable income** ►	6	13,473.

Payments, Credits, and Tax

7	Federal income tax withheld from Form(s) W-2 and 1099	7	2,257.
8	Making work pay credit (see worksheet on page 2)	8	400.
9 a	**Earned income credit (EIC)** (see instructions)	9 a	
b	Nontaxable combat pay election — 9 b		
10	Add lines 7, 8, and 9a. These are your **total payments and credits** ►	10	2,657.
11	**Tax.** Use the amount on **line 6 above** to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line	11	1,603.

Refund

Have it directly deposited! See instructions and fill in 12b, 12c, and 12d or Form 8888.

12 a	If line 10 is larger than line 11, subtract line 11 from line 10. This is your **refund.** If Form 8888 is attached, check here ► ☐ ►	12 a	1,054.

► **b** Routing number 322271627 ► **c** Type: ☒ Checking ☐ Savings

► **d** Account number 887707446

Amount You Owe

13	If line 11 is larger than line 10, subtract line 10 from line 11. This is the **amount you owe.** For details on how to pay, see instructions ►	13	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes.** Complete the following. ☒ **No**

Designee's name ► Phone no. ► Personal ID no. (PIN) ►

Sign Here

Joint return? See instructions.

Keep a copy for your records.

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 accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone no.
		Game Industry	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	

Paid Preparer's Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ► Self-Prepared

Firm's address ► Firm's EIN ►

Phone no.

Tax Payments Worksheet 2010

► Keep for your records

Name(s) Shown on Return	Social Security Number
Arron L Marshall	600-82-1493

Estimated Tax Payments for 2010 (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/15/10		04/15/10			04/15/10		
2	06/15/10		06/15/10			06/15/10		
3	09/15/10		09/15/10			09/15/10		
4	01/18/11		01/18/11			01/18/11		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)	Federal	State	ID	Local	ID
6 Overpayments applied to 2010					
7 Credited by estates and trusts					
8 **Totals** Lines 1 through 7					
9 2010 extensions					

Taxes Withheld From:	Federal	State	Local
10 Forms W-2	2,257.	599.	
11 Forms W-2G			
12 Forms 1099-R			
13 Forms 1099-MISC and 1099-G			
14 Schedules K-1			
15 Forms 1099-INT, DIV and OID			
16 Social Security and Railroad Benefits			
17 Form 1099-B . . . . St Loc			
18 a Other withholding . . . . St Loc			
b Other withholding . . . . St Loc			
c Other withholding . . . . St Loc			
19 **Total Withholding** Lines 10 through 18c	2,257.	599.	
20 **Total Tax Payments for 2010**	2,257.	599.	

Prior Year Taxes Paid In 2010 (If multiple states or localities, see Tax Help)	State	ID	Local	ID
21 Tax paid with 2009 extensions				
22 2009 estimated tax paid after 12/31/09				
23 Balance due paid with 2009 return				
24 Other (amended returns, installment payments, etc) . .				

Federal Carryover Worksheet **2010**

► Keep for your records

Name(s) Shown on Return	Social Security Number
Arron L Marshall	600-82-1493

2009 State and Local Income Tax Information (See Tax Help)

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With-held/Pmts	(e) Paid With Return	(f) Total Over-payment	(g) Applied Amount
Totals . .						

Other Tax and Income Information		2009	2010
1 Filing status	1		1 Single
2 Number of exemptions for blind or over 65 (0 - 4)	2		
3 Itemized deductions after limitation	3		850.
4 Check box if required to itemize deductions	4	☐	☐
5 Adjusted gross income	5		22,823.
6 Tax liability for Form 2210 or Form 2210-F	6		1,203.
7 Alternative minimum tax	7		
8 Federal overpayment applied to next year estimated tax	8		

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions		2009	2010
9 a Taxpayer's excess Archer MSA contributions as of 12/31	9 a		
b Spouse's excess Archer MSA contributions as of 12/31	b		
10 a Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a		
b Spouse's excess Coverdell ESA contributions as of 12/31	b		
11 a Taxpayer's excess HSA contributions as of 12/31	11 a		
b Spouse's excess HSA contributions as of 12/31	b		

Loss and Expense Carryovers		2009	2010
12 a Short-term capital loss	12 a		
b AMT Short-term capital loss	b		
13 a Long-term capital loss	13 a		
b AMT Long-term capital loss	b		
14 a Net operating loss available to carry forward	14 a		
b AMT Net operating loss available to carry forward	b		
15 a Investment interest expense disallowed	15 a		
b AMT Investment interest expense disallowed	b		
16 Nonrecaptured net Section 1231 losses from: a 2010	16 a		
b 2009	b		
c 2008	c		
d 2007	d		
e 2006	e		
f 2005	f		

File by Mail Instructions for your 2010 California Tax Return

Important: Your taxes are not finished until all required steps are completed.

TurboTax

(If you prefer, you can still e-file. Go to the end of these instructions for more information.)

Arron L Marshall
3548 Dinny Street
Santa Clara, CA 95054

Balance Due/ Refund

Your California state tax return (Form 540NR) shows you are due a refund of $336.00.

What You Need to Mail

Your tax return - The official return for mailing is included in this printout. Remember to sign and date the return.

Attach the following to your California tax return:
- a copy of your federal return
- any Form(s) W-2G, 592-B, 593, and 1099s that have California withholding you may have received

to the front of your return. Do not attach any Form(s) W-2.

Mail your return and attachments to:
Franchise Tax Board
PO Box 942840
Sacramento, CA 94240-0002

Deadline: Postmarked by April 18, 2011

Don’t forget correct postage on the envelope.

What You Need to Keep

Keep these instructions and a copy of your return for your records. If you did not print one before closing TurboTax, go back to the program and select Print & File tab, then select the Print for Your Records category.

2010 California Tax Return Summary

Taxable Income	$	19,153.00
Total Tax	$	263.00
Total Payments/Credits	$	599.00
Amount to be Refunded	$	336.00
Effective Tax Rate		4.3%

Special Formatting

Your printed state tax forms may have special formatting on them, such as bar codes or other symbols. This is to enable fast processing. Don’t worry, these forms have been approved by your taxing authority and are acceptable for printing and mailing.

Changed Your Mind About e-filing?

You can still file electronically. Just go back to TurboTax, select the Print & File tab, then select the E-file category. We’ll walk you through the process. Once you file, we will let you know if your return is accepted (or rejected) by the state taxing agency.

For Privacy Notice, get form FTB 1131.

CAIA4812 11/29/10

California Nonresident or Part-Year Resident Income Tax Return 2010

Long Form

FORM 540NR C1 Side 1

APE

600-82-1493 MARS ** 10

ARRON L MARSHALL

3548 DINNY STREET
SANTA CLARA CA 95054

P
AC
A
R
RP

Filing Status

1 [X] Single
2 [ ] Married/RDP filing jointly (see instructions)
3 [ ] Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here . ______
4 [ ] Head of household (with qualifying person) (see instructions)
5 [ ] Qualifying widow(er) with dependent child. Enter year spouse/RDP died ______ .

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 instructions). . . . ● 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. **Whole dollars only**

7 **Personal:** If you checked 1, 3, or 4 above, enter 1 in the box. If you checked 2 or 5, enter 2. If you checked the box on line 6, see instructions . . . 7 [1] X $99 = $ 99.

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 . . . 8 [ ] X $99 = $

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 . . . ● 9 [ ] X $99 = $

10 **Dependents:** Enter name and relationship. **Do not include yourself or your spouse/RDP.**

Total dependent exemptions . . ● 10 [ ] X $99 = $

11 **Exemption amount:** Add line 7 through line 10 . . . 11 $ 99.

Total Taxable Income

12	Total California wages from all your Form(s) W-2, box 16. . . . . . ● 12	22,823.	
13	Enter federal AGI from Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10 . . . 13		22,823.
14	California adjustments — subtractions. Enter the amount from Schedule CA (540NR), line 37, column B . . . ● 14		
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses (see instructions) . . . 15		22,823.
16	California adjustments — additions. Enter the amount from Schedule CA (540NR), line 37, column C. . . . ● 16		
17	Adjusted gross income from all sources. Combine line 15 and line 16 . . . ● 17		22,823.
18	Enter the **larger** of: Your California **itemized deductions** from Schedule CA (540NR), line 43; **OR** Your California **standard deduction** (see instructions) . . . ● 18		3,670.
19	Subtract line 18 from line 17. This is your **total taxable income.** If less than zero, enter -0- . . . 19		19,153.

California Taxable Income

31	Tax. Check the box if from: [X] Tax Table [ ] Tax Rate Schedule [ ] FTB 3800 [ ] FTB 3803 . ◉ 31		407.
32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 45 . . ● 32	22,823.	
35	CA Taxable Income from Schedule CA (540NR), Part IV, line 49 . . . ● 35		19,153.
36	CA Tax Rate. Divide line 31 by line 19 . . . 36	0.0212	
37	CA Tax Before Exemption Credits. Multiply line 35 by line 36 . . . 37		407.
38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000 . . . 38	1.0000	
39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than $162,186 (see instructions) . . . 39		99.
40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- . . . 40		308.
41	Tax (see instructions). Check the box if from: [ ] Schedule G-1 [ ] Form FTB 5870A . . . ◉ 41		
42	Add line 40 and line 41. . . . ● 42		308.

Your name: ARRON L MARSHALL Your SSN or ITIN: 600-82-1493

50	Enter the amount from Side 1, line 42	50	308.

Special Credits

51	Credit for joint custody head of household (see instructions)	● 51			
52	Credit for dependent parent (see instructions)	● 52			
53	Credit for senior head of household (see instructions)	● 53			
54	Credit percentage. Divide line 35 by line 19. If more than 1, enter 1.0000 (see instructions)	54			
55	Credit amount (see instructions)			● 55	0.
56	New jobs credit, amount generated (see instructions)	● 56			
57	New jobs credit, amount claimed (see instructions)			● 57	
58	Enter credit name ______ code no. ____ and amount			► 58	
59	Enter credit name ______ code no. ____ and amount			► 59	
60	To claim more than two credits (see instructions)			● 60	
61	Nonrefundable renter's credit (see instructions)			● 61	45.
62	Add line 55 and line 57 through line 61. These are your total credits			62	45.
63	Subtract line 62 from line 50. If less than zero, enter -0-			63	263.

Other Taxes

71	Alternative minimum tax. Attach Schedule P (540NR)	● 71	0.
72	Mental Health Services Tax (see instructions)	● 72	
73	Other taxes and credit recapture (see instructions)	● 73	
74	Add line 63, line 71, line 72, and line 73. This is your total tax	● 74	263.

Payments

81	California income tax withheld (see instructions)			● 81	599.
82	2010 CA estimated tax and other payments (see instructions)			● 82	
83	Real estate or other withholding (see instructions)			● 83	
84	Excess SDI (or VPDI). To see if you qualify (see instructions)			● 84	
	Child and Dependent Care Expenses Credit (see instructions). Attach form FTB 3506.				
85	Qualifying person's social security number	● 85			
86	Qualifying person's social security number	● 86			
87	Enter the amount from form FTB 3506, Part III, line 8	● 87			
88	Child and Dependent Care Expenses Credit from form FTB 3506, Part III, line 12			● 88	
89	Add line 81, line 82, line 83, line 84, and line 88. These are your total payments			89	599.

Overpaid Tax/Tax Due

101	Overpaid tax. If line 89 is more than line 74, subtract line 74 from line 89	101	336.
102	Amount of line 101 you want applied to your **2011** estimated tax	● 102	0.
103	Overpaid tax available this year. Subtract line 102 from line 101	● 103	336.
104	Tax due. If line 89 is less than line 74, subtract line 89 from line 74	104	

Your name: ARRON L MARSHALL   Your SSN or ITIN: 600-82-1493

Contributions

	Code	Amount
California Seniors Special Fund. See instructions	● 400	
Alzheimer's Disease/Related Disorders Fund	● 401	
California Fund for Senior Citizens	● 402	
Rare and Endangered Species Preservation Program	● 403	
State Children's Trust Fund for the Prevention of Child Abuse	● 404	
California Breast Cancer Research Fund	● 405	
California Firefighters' Memorial Fund	● 406	
Emergency Food For Families Fund	● 407	
California Peace Officer Memorial Foundation Fund	● 408	
California Sea Otter Fund	● 410	
California Cancer Research Fund	● 413	
Arts Council Fund	● 415	
California Police Activities League (CALPAL) Fund	● 416	
California Veterans Homes Fund	● 417	
Safely Surrendered Baby Fund	● 418	
120 Add code 400 through code 418. This is your total contribution	● 120	

Amount You Owe

121 **AMOUNT YOU OWE.** Add line 104 and line 120 (see instructions). **Do not send cash.** Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** . . ● 121

Pay Online - Go to **ftb.ca.gov** and search for **web pay.**

Interest and Penalties

122 Interest, late return penalties, and late payment penalties . . . 122

123 Underpayment of estimated tax. Check the box: ☐ **FTB 5805 attached** ☐ **FTB 5805F attached** . . ● 123

124 Total amount due (see instructions). Enclose, but **do not** staple, any payment . . . 124

Refund and Direct Deposit

125 **REFUND OR NO AMOUNT DUE.** Subtract line 120 from line 103. Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002** . . . ● 125 336.

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 125) is authorized for direct deposit into the account shown below:

☐ Checking
☐ Savings

● Routing number ● Type ● Account number ● **126** Direct deposit amount

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:

☐ Checking
☐ Savings

● Routing number ● Type ● Account number ● **127** Direct deposit amount

Important: Attach a copy of your complete federal income tax 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.

Sign Here

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

Joint tax return? (see instructions.)

Your signature X   Spouse's/RDP's signature (if a joint tax return, both must sign) X   Daytime phone number (optional)

Your email address (optional). Enter only one email address.

Paid preparer's signature **(declaration of preparer is based on all information of which preparer has any knowledge)**   Date

SELF PREPARED

Firm's name (or yours if self-employed)   Firm's address   ● Paid Preparer's PTIN/SSN

● 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

TAXABLE YEAR

2010

DO NOT ATTACH PAYMENT TO THIS SCHEDULE

Wage and Tax Statement

CALIFORNIA SCHEDULE

W-2

Important: Attach this form to the back of your Forms 540/A, 540 2EZ, or Form 540NR (Long or Short).

Name(s) as shown on return	SSN or ITIN
ARRON L MARSHALL	600-82-1493

Caution: If this form is filled out **do not** send your Form(s) W-2 to the Franchise Tax Board. If your Form(s) W-2 are from multiple states, **attach** copies showing California tax withheld to this schedule. Also attach Form(s) 592-B, 593, and 1099. If this schedule is blank, attach your Form(s) W-2 to the lower front of your tax return.

Taxpayer W-2 information.

1st W-2		2nd W-2	
Social Security Number (**box a**)	600-82-1493	Social Security Number (**box a**)	
Employer ID Number (EIN) (**box b**)	20-5336301	Employer ID Number (EIN) (**box b**)	
State & Employer's State ID Number (**box 15**)	CA 266-7422 6	State & Employer's State ID Number (**box 15**)	
Employer Name (**box c**)	AERIA GAMES & ENTERTAINM	Employer Name (**box c**)	
State Wages, Tips, etc. (**box 16**)	22,823.	State Wages, Tips, etc. (**box 16**)	
CA State Income Tax (**box 17**)	599.	CA State Income Tax (**box 17**)	
Social Security Wages (**box 3**)	22,823.	Social Security Wages (**box 3**)	
SDI/VPDI (Local Income Tax) (**box 14 or 19**)	251.	SDI/VPDI (Local Income Tax) (**box 14 or 19**)	

3rd W-2		4th W-2	
Social Security Number (**box a**)		Social Security Number (**box a**)	
Employer ID Number (EIN) (**box b**)		Employer ID Number (EIN) (**box b**)	
State & Employer's State ID Number (**box 15**)		State & Employer's State ID Number (**box 15**)	
Employer Name (**box c**)		Employer Name (**box c**)	
State Wages, Tips, etc. (**box 16**)		State Wages, Tips, etc. (**box 16**)	
CA State Income Tax (**box 17**)		CA State Income Tax (**box 17**)	
Social Security Wages (**box 3**)		Social Security Wages (**box 3**)	
SDI/VPDI (Local Income Tax) (**box 14 or 19**)		SDI/VPDI (Local Income Tax) (**box 14 or 19**)	

Spouse/RDP W-2 information.

1st W-2		2nd W-2	
Social Security Number (**box a**)		Social Security Number (**box a**)	
Employer ID Number (EIN) (**box b**)		Employer ID Number (EIN) (**box b**)	
State & Employer's State ID Number (**box 15**)		State & Employer's State ID Number (**box 15**)	
Employer Name (**box c**)		Employer Name (**box c**)	
State Wages, Tips, etc. (**box 16**)		State Wages, Tips, etc. (**box 16**)	
CA State Income Tax (**box 17**)		CA State Income Tax (**box 17**)	
Social Security Wages (**box 3**)		Social Security Wages (**box 3**)	
SDI/VPDI (Local Income Tax) (**box 14 or 19**)		SDI/VPDI (Local Income Tax) (**box 14 or 19**)	

3rd W-2		4th W-2	
Social Security Number (**box a**)		Social Security Number (**box a**)	
Employer ID Number (EIN) (**box b**)		Employer ID Number (EIN) (**box b**)	
State & Employer's State ID Number (**box 15**)		State & Employer's State ID Number (**box 15**)	
Employer Name (**box c**)		Employer Name (**box c**)	
State Wages, Tips, etc. (**box 16**)		State Wages, Tips, etc. (**box 16**)	
CA State Income Tax (**box 17**)		CA State Income Tax (**box 17**)	
Social Security Wages (**box 3**)		Social Security Wages (**box 3**)	
SDI/VPDI (Local Income Tax) (**box 14 or 19**)		SDI/VPDI (Local Income Tax) (**box 14 or 19**)	

1 Total state wages from the Form(s) W-2 for taxpayer (Add box 16 from all Form(s) W-2 for taxpayer) . . . . $ 22,823.
For nonresidents or part-year residents, enter your total California wages from all your Form(s) W-2 for taxpayer (Add box 16 from all Form(s) W-2 for taxpayer).

2 Total state wages from the Form(s) W-2 for spouse/RDP (Add box 16 from all Form(s) W-2 for spouse/RDP) . . . . . . $
For nonresidents or part-year residents, enter the total California wages from all Form(s) W-2 for spouse/RDP (Add box 16 from all Form(s) W-2 for spouse/RDP).

3 Total California Wages from all Form(s) W-2 **(Add line 1 and line 2, and enter here and on Form 540 2EZ, line 9; Form 540 or Form 540NR (Long or Short), line 12. If completing Form 540X, report any W-2 income on line 1a, column B, that was not reported on your original tax return.)** . . . . $ 22,823.

CAIA4501 12/03/10

TAXABLE YEAR **2010**

California Adjustments — Nonresidents or Part-Year Residents

SCHEDULE **CA (540NR)**

Important: Attach this schedule behind Long Form 540NR, Side 3 as a supporting California Schedule.

Name(s) as shown on return	SSN or ITIN
ARRON L MARSHALL	600-82-1493

Part I Residency Information. Complete all lines that apply to you and your spouse/RDP.

	Yourself	Spouse/RDP
During 2010:		
1 a I was domiciled in (enter state or country)	N/A	
b I was in the military and stationed in (enter state or country)	N/A	
2 I became a California resident (enter the state of prior residence and date of move)	AZ 07/20/05	
3 I became a nonresident (enter new state of residence and date of move)	N/A N/A	
4 I was a nonresident of CA the entire year (enter state or country of residence)	N/A	
5 The number of days I spent in California (for **any** purpose) is:	275	
6 I owned a home/property in California (enter 'Yes' or 'No')	NO	
Before 2010:		
7 I was a California resident for the period of (enter dates)	N/A N/A	
8 I entered California on (enter date)	N/A	
9 I left California on (enter date)	N/A	

Part II Income Adjustment Schedule

Section A — Income

		A **Federal Amounts** (taxable amounts from your federal return)	B **Subtractions** See instructions (difference between CA & federal law)	C **Additions** See instructions (difference between CA & federal law)	D **Total Amounts Using CA Law As If You Were a CA Resident** (subtract column B from column A; add column C to the result)	E **CA Amounts** (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
7 Wages, salaries, tips, etc. See instructions before making an entry in column B or C	7	22,823.			22,823.	22,823.
8 Taxable interest b	8 a					
9 Ordinary dividends. See instructions. b	9 a					
10 Taxable refunds, credits, or offsets of state and local income taxes. Enter the same amount in column A and column B	10					
11 Alimony received. See instructions	11					
12 Business income or (loss)	12					
13 Capital gain or (loss). See instructions.	13					
14 Other gains or (losses)	14					
15 IRA distributions. See instructions. a	15 b					
16 Pensions & annuities. See instructions. a	16 b					
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc	17					
18 Farm income or (loss)	18					
19 Unemployment compensation	19					
20 Social security benefits a	20 b					
21 Other income. a California lottery winnings b Disaster loss carryover from FTB 3805V c Federal NOL (Form 1040, line 21) d NOL carryover from FTB 3805V e NOL from FTB 3805D, FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809 f Other (describe):	21		a b c d e f	a b c d e f	21	21
22 a **Total:** Combine line 7 through line 21 in each column. Continue to Side 2	22 a	22,823.			22,823.	22,823.

CAIA4912 12/24/10

Arron L Marshall 600-82-1493

Income Adjustment Schedule

Section B — Adjustments to Income

		A Federal Amounts (taxable amounts from your federal return)	B Subtractions See instructions (difference between CA & federal law)	C Additions See instructions (difference between CA & federal law)	D Total Amounts Using CA Law As If You Were a CA Resident (subtract column B from column A; add column C to the result)	E CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
22 b Enter totals from Schedule CA (540NR), Side 1, line 22a, column A through column E	22 b	22,823.			22,823.	22,823.
23 Educator Expenses	23					
24 Certain business expenses of reservists, performing artists, and fee-basis government officials	24					
25 Health savings account deduction	25					
26 Moving expenses	26					
27 One-half of self-employment tax	27					
28 Self-employed SEP, SIMPLE, and qualified plans	28					
29 Self-employed health insurance deduction	29					
30 Penalty on early withdrawal of savings	30					
31 a Alimony paid. b Enter recipient's: SSN ________ Last name ________	31 a					
32 IRA deduction	32					
33 Student loan interest deduction	33					
34 Tuition and fees	34					
35 Domestic production activities deduction	35					
36 Add line 23 through line 31a and line 32 through line 35 in each column, A through E	36					
37 **Total.** Subtract line 36 from line 22b in each column, A through E. See instructions	37	22,823.			22,823.	22,823.

Part III — Adjustments to Federal Itemized Deductions

38 **Federal Itemized Deductions.** Add the amounts on federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28 (or Schedule A (Form 1040NR), lines 3, 7, 8, 15, and 16) . . . 38 850.

39 Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax), line 7 (new motor vehicle tax), and line 8 (foreign taxes **only**). See instructions . . . 39 850.

40 Subtract line 39 from line 38 . . . 40 0.

41 Other adjustments including California lottery losses. See instructions. Specify

41

42 Combine line 40 and line 41 . . . 42 0.

43 **Is your federal AGI (Long Form 540NR, line 13) more than the amount shown below for your filing status?**

Single or married/RDP filing separately . . . **$162,186**

Head of household . . . **$243,283**

Married/RDP filing jointly or qualifying widow(er) . . . **$324,376**

No. Transfer the amount on line 42 to line 43.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 43 . . . 43 0.

44 **Enter the larger of the amount on line 43 or your standard deduction listed below**

Single or married/RDP filing separately . . . **$3,670**

Married/RDP filing jointly, head of household, or qualifying widow(er) . . **$7,340** . . . 44 3,670.

Part IV — California Taxable Income

45 **California AGI.** Enter your California AGI from line 37, column E . . . 45 22,823.

46 Enter your deductions from line 44 . . . 46 3,670.

47 **Deduction Percentage.** Divide line 37, column E by line 37, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- . . . 47 1.0000

48 **California Itemized/Standard Deductions.** Multiply line 46 by the percentage on line 47 . . . 48 3,670.

49 **California Taxable Income.** Subtract line 48 from line 45. Transfer this amount to Long Form 540NR, line 35. If less than zero, enter -0- . . . 49 19,153.

Nonrefundable
Renter's Credit Qualification Record 2010

► Keep for your records

Name as Shown on Return	Social Security Number
Arron L Marshall	600-82-1493

1 Were you a resident of California for at least 6 full months in 2010? . . . . *Yes [X] No [ ]
Yes. Go to the next question. **No.** Stop here. You do not qualify for this credit.

2 Is the amount on Form 540 2EZ, **line 16** or Form 540A, **line 17,** or Form 540, **line 17** or Form 540NR, **line 17** $34,772 or less if single or married/RDP filing separate; or $69,444 or less if married/RDP filing joint, head of household or qualifying widow(er)? . . . . Yes [X] No [ ]
Yes. Go to the next question. **No.** Stop here. You do not qualify for this credit.

3 Did you pay rent, for at least half of 2010 on property (including a mobile home that you owned on rented land) in California which was your principal residence? . . . . . . Yes [X] No [ ]
Yes. Go to the next question. **No.** Stop here. You do not qualify for this credit.

4 Can you be claimed as a dependent by a parent, foster parent, legal guardian, or any other person in 2010? . . . . Yes [ ] No [X]
No. go to question 6. **Yes**. Go to question 5.

5 For more than half the year, did you live in the home of a parent, foster parent, or legal guardian in 2010? . . . . Yes [ ] No [X]
No. Go to the next question. **Yes.** Stop here. You do not qualify for this credit.

6 Was the property you rented exempt from property tax in 2010? . . . . *Yes [ ] No [X]
No. Go to the next question. **Yes.** Stop here. You do not qualify for this credit.

7 Did you claim the homeowner's property tax exemption anytime during 2010? . . . . *Yes [ ] No [X]
No. Go to question 8. **Yes.** If your filing status is single or married/RDP filing separately, stop here, you do not qualify for this credit. If your filing status is married/RDP filing jointly, go to question 9.

8 Were you single in 2010? . . . . Yes [X] No [ ]
Yes. Go to question 11. **No.** Go to question 9.

9 Did your spouse/RDP claim the homeowner's property tax exemption anytime during 2010? . . . . Yes [ ] No [ ]
No. Go to question 11. **Yes.** If both you and your spouse/RDP claimed the homeowner's property tax exemption, stop here, you do not qualify for this credit. Otherwise, go to question 10.

10 Did you and your spouse/RDP maintain separate residences for the entire year in 2010? . . . . Yes [ ] No [ ]
Yes. Go to question 11. **No.** Stop here. You do not qualify for this credit.

11 If filing Form 540 2EZ, Form 540 or Form 540A:
If single or married/RDP filing separate, enter $60 here. If married/RDP filing joint, head of household or qualifying widow(er) enter $120 here. Also enter this amount on Form 540 2EZ, **line 19,** Form 540A, **line 46** or Form 540, **line 46.**
If filing Form 540NR:
Use the chart in the government instructions to find the amount of your credit based on the number of full months you resided in California in 2010. Enter the amounts here and enter this amount on Form 540NR, **line 61**
Credit Amount . . . . 45.
You qualify for the renter's credit

12a List the street address(es) of residence(s) you rented in California during 2010 which qualified you for this credit:
Street address . . . . ________
City, state and ZIP code . . . . ________
Dates rented in 2010 . . . . From. . . . . ________
Dates rented in 2010 . . . . To . . . . . . ________

12b Enter the name, address, and telephone number of your landlord(s) or the person(s) to whom you paid rent for the residence(s) listed above:
Rental street address (from line 12a) . . ________
Name . . . . ________
Street address . . . . ________
City, state and ZIP code . . . . ________
Telephone number . . . . ________

* See the government instructions for more information

caix8301.SCR 12/26/10

Form **1040EZ**

Department of the Treasury — Internal Revenue Service

Income Tax Return for Single and Joint Filers With No Dependents (99) 2010

OMB No. 1545-0074

Name, Address, and SSN

See separate instructions.

Your first name	MI	Last name	Your social security number
Arron	L	Marshall	600-82-1493
If a joint return, spouse's first name	MI	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt no.

3548 Dinny Street

City, town or post office. If you have a foreign address, see instructions. State ZIP code

Santa Clara CA 95054

▲ Make sure the SSN(s) above are correct. ▲

Presidential Election Campaign (see instrs)

Checking a box below will not change your tax or refund.

Check here if you, or your spouse if a joint return, want $3 to go to this fund? ► ☐ **You** ☐ **Spouse**

Income

Attach Form(s) W-2 here. Enclose, but do not attach, any payment.

You may be entitled to a larger deduction if you file Form 1040A or 1040. See *Before You Begin* in the instructions.

1	Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2	1	22,823.
2	Taxable interest. If the total is over $1,500, you cannot use Form 1040EZ	2	
3	Unemployment compensation and Alaska Permanent Fund dividends (see instructions).	3	
4	Add lines 1, 2, and 3. This is your **adjusted gross income**	4	22,823.
5	If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet. ☐ **You** ☐ **Spouse** If no one can claim you (or your spouse if a joint return), enter $9,350 if **single;** $18,700 if **married filing jointly.** See instructions	5	9,350.
6	Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your **taxable income** ►	6	13,473.

Payments, Credits, and Tax

7	Federal income tax withheld from Form(s) W-2 and 1099	7	2,257.
8	Making work pay credit (see worksheet on page 2)	8	400.
9 a	**Earned income credit (EIC)** (see instructions)	9 a	
b	Nontaxable combat pay election	9 b	
10	Add lines 7, 8, and 9a. These are your **total payments and credits** ►	10	2,657.
11	**Tax.** Use the amount on **line 6 above** to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line	11	1,603.

Refund

Have it directly deposited! See instructions and fill in 12b, 12c, and 12d or Form 8888.

12 a	If line 10 is larger than line 11, subtract line 11 from line 10. This is your **refund.** If Form 8888 is attached, check here ► ☐ ►	12 a	1,054.

► **b** Routing number 322271627 ► **c** Type: ☒ Checking ☐ Savings

► **d** Account number 887707446

Amount You Owe

13	If line 11 is larger than line 10, subtract line 10 from line 11. This is the **amount you owe.** For details on how to pay, see instructions ►	13	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes.** Complete the following. ☒ **No**

Designee's name ► Phone no. ► Personal ID no. (PIN) ►

Sign Here

Joint return? See instructions.

Keep a copy for your records.

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 accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone no.
		Game Industry	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	

Paid Preparer's Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ► Self-Prepared

Firm's address ► Firm's EIN ►

Phone no.