

Part I

Standard Deduction Worksheet for Dependents

If you checked the box on Side 1, line 6 because someone can claim you (or your spouse, if married) as a dependent, even if that person chooses not to, complete this worksheet to figure the amount to enter on Side 1, line 15.

- | | | |
|----------|--|----------|
| 1 | Enter the amount from line 1 of your federal Form 1040EZ or from line 1 of the "Worksheet for Dependents" found in the instructions for federal Form 1040A or Form 1040. | 1 |
| 2 | Minimum standard deduction. | 2 |
| 3 | Compare the amounts on line 1 and line 2 above. Enter the LARGER of the two amounts here | 3 |
| 4 | Maximum standard deduction: $\left\{ \begin{array}{l} \text{If single, enter \$2,583} \\ \text{If married filing joint, enter \$5,166} \end{array} \right\}$ | 4 |
| 5 | Compare the amounts on line 3 and line 4. Enter the SMALLER of the two amounts here and on Side 1, line 15. | 5 |

If you did not check the box on Side 1, line 6 because no one can claim you (or your spouse, if married) as a dependent, and you are:

Single, enter \$2,583 on Side 1, line 15; **OR**
Married filing joint, enter \$5,166 on Side 1, line 15.

Part II

Personal Exemption Chart for Dependents

If you (or your spouse, if married) can be claimed as a dependent, enter the following amounts on line 18:

- If single, enter -0-.
- If married filing joint and both you and your spouse can be claimed as dependents, enter -0-.
- If married filing joint and only one of you can be claimed as a dependent, enter \$68.

Part III

Contributions

You may make a voluntary contribution of \$1 or more to the following funds:

- | | | | |
|----|---|--------|----|
| 1 | Alzheimer's Disease/Related Disorders Fund | ◀ 48 ▶ | 1 |
| 2 | California Fund for Senior Citizens. | ◀ 49 ▶ | 2 |
| 3 | Rare and Endangered Species Preservation Program | ◀ 50 ▶ | 3 |
| 4 | State Children's Trust Fund for the Prevention of Child Abuse | ◀ 51 ▶ | 4 |
| 5 | California Breast Cancer Research Fund | ◀ 52 ▶ | 5 |
| 6 | California Firefighters' Memorial Fund | ◀ 53 ▶ | 6 |
| 7 | California Public School Library Protection Fund | ◀ 54 ▶ | 7 |
| 8 | D.A.R.E. California (Drug Abuse Resistance Education) Fund. | ◀ 55 ▶ | 8 |
| 9 | California Military Museum Fund. | ◀ 56 ▶ | 9 |
| 10 | Total contributions. Add line 1 through line 9. Enter here and on Side 1, line 34. | | 10 |

Due to a tax law change, renter's credit has been eliminated for 1997. You may not claim the credit on your personal income tax return.

Do not attach your federal return to this return.

Part IV

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.

Your signature

Spouse's signature (if filing joint, both must sign)

Daytime phone number

9

$$(\begin{array}{|c|} \hline | \\ \hline \end{array}) + \begin{array}{|c|} \hline | \\ \hline \end{array}$$

Sign Here

X

X

Date | | | | | |

It is unlawful to forge a spouse's signature.

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

Preparer's SSN/FEIN

Firm's name (or yours if self-employed)

Firm's address

Where to Mail Your Return

REFUND or NO AMOUNT DUE (Side 1, line 35):

**FRANCHISE TAX BOARD
PO BOX 942840
SACRAMENTO CA 94240-0000**

AMOUNT DUE (Side 1, line 36):

**FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0001**

- Make your check or money order payable to "Franchise Tax Board."
- Write your social security number and "1997 Form 540EZ" on your check or money order.
- Complete Form 540-V, Return Payment Voucher for Individuals.
- Attach check or money order and voucher to your Form 540EZ.