California Resident Income Tax Return For Single and Joint Filers With No Dependents 1997

FORM 540EZ

Use the Calif	ornia mail	ing lab	el. If yo	u do not l	have th	ne labe	l, pleas	e print.												
Olon 4	Your firs	t name)		Initial	Last r	name							Your	socia	secur	ity numt	ber		Do Not Write In These
Step 1												1				+	+			Spaces
Name	If joint re	eturn, s	pouse's	first name	Initial	Last r	name							Spou	use's s	ocial s	ecurity I	number		P
and Address																+	+			AC
Audress	Present home address — number and street including PO Box or rural route											Ap	t. no.							
													I	<u> </u>						
	City, town or post office State ZIP Code													R						
	<u> </u>													RP						
Step 2			Single																	
Filing				filing joint		•	•				'									
Status	6			t(s), or so																• • □
		even	ii iiiai p	person ch	00565		CHECK	nere .											•	
Step 3																		///		
Taxable	12a	state	wages	from you	r Form	(s) W-	2, box ⁻	17				•	12a 📃				• ///			
Income	12b	Fede	ral adjus	sted gross	incon	ne fron	n your -	TeleFile	e Tax F	Record,	line H;	or you	ır							
				Z, line 4;												12				• / / / /
Attach check or money order and Form 540-V here.	13	Unen	employment compensation from your federal TeleFile Tax Record,																	
				r Form 1040EZ, line 3; or Form 1040A, line 12; or Form 1040, line 19 \ldots 13												_•/////				
	14	Cubtr	act line	13 from	ina 10	h Thir		r Califa	rnio											
	14			ss income			•									• 14		. Д		
	4-		Ũ																	
	15			k the box			Sida 2	Part I												
		No.			te the worksheet on Side 2, Part I. , enter \$2,583. If married filing joint, enter \$5,166							• 15								
	16	Cubtr	-																	
	10	than	\$50.000	e 15 from line 14. This is your taxable income. If it is more 00, STOP. You must use Form 540A or Form 540. If line 15 is																
				ne 14, ent												16				•//////
Ctop 1																			1	
Step 4	17			amount from the												17				
Tax and		Enter	line lax		lable		, inte .							• • •	• •	17				
<u>Credits</u>	18			k the box																
Attach copy of your		Yes. No.		Side 2, I le, enter			ad filing	ioint d	ontor ¢	136						18				
Form(s) W-2		NO.	II SIIIG	jie, entei	φυσ. π	maine	su ming	joint, t	σποιφ	150				• • •	• •	10				
here.	00	Cultur	Subtract line 18 from line 17. This is your total tax. If less than zero, enter -0																	
	23	Subtr	act line	18 from	ine 17	. This	is your	total ta	ix. If le	ss thar	zero, e	enter -C	J	• • •		• 23				
=	Step	5																		
	Overpa		24	Enter you	r Califo	ornia ir	icome t	ax with	held fro	om you	r Form(s	s) W-2	, box 1	8		24		人		•/////
	Tax or		21	Overneid	toy if	line 0	1 in ma	ra thar	line 0	2 oubt	raat lina	00 fra	om lino	04						
	Tax Du	е			verpaid tax. If line 24 is more than line 23, subtract line 23 from line nter the result and go to line 34. If line 24 is less than line 23,	24.														
					nter -0- and go to line 32					3 1				•/////						
				. .	If Page 1	o						P	~~							
			32	Tax due. Enter the	IT line	24 IS I and or	ess tha	n line 2 34	23, sub	otract lir	ne 24 tro	om line	e 23.			32				
					Tooun			, 01						• • •	· ·					
	Step	6																		
	Refund		34	Total cont	ributior	ıs. Ent	er amo	unt fror	m Side	2, Par	t III, line	910				• 34		人		•/////
	Amoun	t	35	Subtract li	ubtract line 34 from line 31. Enter the result here. You have a REFUND				D			¢								
	You Ov	ve		or NO AN												35	Φ			•/////
											-									
			36	۲ Add line	2 and	lino 2	4 Enter	r the re	sult bo	ro Thi	s is the	ΔΜΟΙ					Φ			(/)//)
				Add line 32 and line 34. Enter the result here. This is the AMOUNT YOU OWE. Go to Side 2, Part IV to sign your return								\$	₽∟∟∟		•/////					

Part I Standard	per	son cho	ked the box on Side 1, line 6 because someone can claim you (or your spouse, if married oses not to, complete this worksheet to figure the amount to enter on Side 1, line 15.	d) as	as a dependent, even if that										
Deduction Worksheet for	1		the amount from line 1 of your federal Form 1040EZ or from line 1 of the "Worksheet pendents" found in the instructions for federal Form 1040A or Form 1040	. 1		Ļ			• []						
Dependent		Comp	Im standard deduction		2 3		55	50	•//	11 1 <u>1</u>					
	4	Maxin	um standard deduction: If single, enter \$2,583 If married filing joint, enter \$5,166	. 4	ŀ				•2	1/2					
	5		are the amounts on line 3 and line 4. the SMALLER of the two amounts here and on Side 1, line 15	. 5	;				•2						
		you did not check the box on Side 1, line 6 because no one can aim 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	•	lf sin If ma	our spouse, if married) can be claimed as a dependent, enter the following amounts on lingle, enter -0 Tried filing joint and both you and your spouse can be claimed as dependents, enter -0 Tried filing joint and only one of you can be claimed as a dependent, enter \$68.	ne 18	8:										
Part III		You m	ay make a voluntary contribution of \$1 or more to the following funds:				_								
Contributio	ns 1	Alzhei	ner's Disease/Related Disorders Fund	▶ 1				μ	• 0						
	2	Califor	nia Fund for Senior Citizens	► 2	2			μ	• 0	0					
	3	Rare a	nd Endangered Species Preservation Program	► 3	,				• 0	0					
	4	State	Children's Trust Fund for the Prevention of Child Abuse	▶ 4	L				• 0	0					
			nia Breast Cancer Research Fund	► 5	;				• 0	0					
			nia Firefighters' Memorial Fund	-					• 0	0					
			nia Public School Library Protection Fund	-					• 0	0					
				_				П	.0						
			E. California (Drug Abuse Resistance Education) Fund	-				T	.0						
	9		nia Millitary Museum Fund 456 Þ	▶ 9	, –			Ħ	.0						
	10	Total	contributions. Add line 1 through line 9. Enter here and on Side 1, line 34	10)				• 0	U					
			Due to a tax law change, renter's credit has been eliminated for 19 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 be Your signature Spouse's signature (if filing joint, both must sign)	elief, it is true, correct and complete. 9 Daytime phone number											
				(∟)		<u>+ </u>							
	Sign H			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)	Pre	reparer's	55N/F									
			- Firm's name (or yours if self-employed) Firm's address												
				I	1 1	I	1 1	I	I	1					
	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. 												

Side 2 Form 540EZ C1 1997