

California Resident Income Tax Return 2011

540A C1 Side 1

Your first name	Initial	Last name	Your SSN or ITIN	P AC A R RP
If joint tax return, spouse's/RDP's first name	Initial	Last name	Spouse's/RDP's SSN or ITIN	
Address (number and street, PO Box, or PMB no.)			Apt. no/Ste. no.	
City (If you have a foreign address, see page 7.)			State	ZIP Code

Date of Birth
 Your DOB (mm/dd/yyyy) ____/____/____ Spouse's/RDP's DOB (mm/dd/yyyy) ____/____/____

Prior Name
 If you filed your 2010 tax return under a different last name, write the last name only from the 2010 tax return.
 Taxpayer _____ Spouse/RDP _____

Filing Status

1 Single
 2 Married/RDP filing jointly. (see page 3)
 3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here _____
 If your California filing status is different from your federal filing status, fill in the circle here

4 Head of household (with qualifying person). (see page 3)
 5 Qualifying widow(er) with dependent child. Enter year spouse/RDP died _____

6 If someone can claim you (or your spouse/RDP) 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. **Whole dollars only**

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 \$102 = \$ _____

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. 8 X \$102 = \$ _____

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 9 X \$102 = \$ _____

10 **Dependents:** Enter name and relationship. **Do not include yourself or your spouse/RDP.** _____
 Total dependent exemptions. 10 X \$315 = \$ _____

11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 11 \$ _____

Taxable Income and California Income Adjustments

12 State wages from your Form(s) W-2, box 16. 12 _____ .00

13 Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4. 13 _____ .00

14 **California Income Adjustments.** See pages 8 and 9 for line 14a through line 14f.

a State income tax refund	14a	00
b Unemployment compensation	14b	00
c U.S. social security or railroad retirement	14c	00
d California non-taxable interest or dividend income	14d	00
e California IRA distributions	14e	00
f Non-taxable pensions and annuities	14f	00
g Total California income adjustments. Add line 14a through line 14f	<input checked="" type="radio"/> 14g	00

17 Subtract line 14g from line 13. This is your California adjusted gross income. 17 _____ .00

18 Enter the **larger** of your California **itemized deductions** or **standard deduction** for your filing status

- Single or Married/RDP filing separately \$3,769
- Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$7,538

If the circle on line 6 is filled in, STOP. (see page 9) 18 _____ .00

19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0-. 19 _____ .00

Tax and Credits

31 Tax. (see Tax Table) 31 _____ .00

32 Exemption credits. Enter the amount from line 11. If line 13 is more than \$166,565, see page 10 32 _____ .00

40 Nonrefundable Child and Dependent Care Expenses Credit (see page 11). Attach form FTB 3506. 40 _____ .00

46 Nonrefundable renter's credit. (see page 12) 46 _____ .00

47 Total credits. Add line 32, line 40, and line 46 47 _____ .00

48 Subtract line 47 from line 31 48 _____ .00

62 Mental Health Services Tax. (see page 13) 62 _____ .00

64 Add line 48 and line 62. This is your total tax. If less than zero, enter -0- 64 _____ .00

Your name: _____ Your SSN or ITIN: _____

70 Enter the amount from Side 1, line 64 **70** _____ **00**

71 California income tax withheld (see page 13) ● **71** _____ **00**
72 2011 CA estimated tax and other payments (see page 13) ● **72** _____ **00**
74 Excess SDI (or VPD) withheld (see page 13) ● **74** _____ **00**
75 Add line 71, line 72, and line 74. These are your total payments **75** _____ **00**

91 Overpaid tax. If line 75 is more than line 70, subtract line 70 from line 75 **91** _____ **00**
92 Amount of line 91 you want applied to your **2012** estimated tax ● **92** _____ **00**
93 Overpaid tax available this year. Subtract line 92 from line 91 ● **93** _____ **00**
94 Tax due. If line 75 is less than line 70, subtract line 75 from line 70. (see page 14). **94** _____ **00**

95 Use Tax. **This is not a total line.** (see page 14) ● **95** _____ **00**

Contributions		Code	Amount	Code	Amount
California Seniors Special Fund (see page 23)	●	400	00	California Sea Otter Fund	● 410 00
Alzheimer's Disease/Related Disorders Fund	●	401	00	Municipal Shelter Spay-Neuter Fund	● 412 00
California Fund for Senior Citizens	●	402	00	California Cancer Research Fund	● 413 00
Rare and Endangered Species Preservation Program	●	403	00	ALS/Lou Gehrig's Disease Research Fund	● 414 00
State Children's Trust Fund for the Prevention of Child Abuse	●	404	00	Arts Council Fund	● 415 00
California Breast Cancer Research Fund	●	405	00	California Police Activities League (CALPAL) Fund	● 416 00
California Firefighters' Memorial Fund	●	406	00	California Veterans Homes Fund	● 417 00
Emergency Food for Families Fund	●	407	00	Safely Surrendered Baby Fund	● 418 00
California Peace Officer Memorial Foundation Fund	●	408	00	Child Victims of Human Trafficking Fund	● 419 00

110 Add code 400 through code 419. This is your total contribution ● **110** _____ **00**

111 AMOUNT YOU OWE. Add line 94, line 95, and line 110 (see page 15). **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ● **111** _____ **00**
Pay Online – Go to **ftb.ca.gov** and search for **web pay**.
113 Underpayment of estimated tax. If form FTB 5805 is attached, fill in this circle ○ ● **113** _____ **00**

115 REFUND or NO AMOUNT DUE. Subtract line 95 and line 110 from line 93 (see page 16).
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002** ● **115** _____ **00**

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 page 17).
Have you verified the routing and account numbers? Use whole dollars only.

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	_____	_____	_____	_____
● Routing number	● Type	● Account number	● 116 Direct deposit amount	_____	_____

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	_____	_____	_____	_____
● Routing number	● Type	● Account number	● 117 Direct deposit amount	_____	_____

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here

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

X _____ X _____ Date _____

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

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

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

Joint tax return? (see page 17)

Firm's name (or yours, if self-employed) _____ Firm's address _____ ● FEIN _____

Do you want to allow another person to discuss this tax return with us? (see page 17) ● Yes No

Print Third Party Designee's Name _____ Telephone Number _____