

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 \$ _____

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

Taxable Income and California Income Adjustments

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:
 Checking Savings _____ **00**
● 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:
 Checking Savings _____ **00**
● 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.

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

Sign Here 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 _____