

California Resident Income Tax Return 2000

FORM

540

Fiscal year filers only: Enter month of year end: month _____ year 2001.

Step 1 **Name and Address**

Your first name _____ Initial _____ Last name _____

If joint return, spouse's first name _____ Initial _____ Last name _____

Present home address — number and street including PO Box or rural route _____ Apt. no. _____ PMB no. _____

City, town, or post office _____ State _____ ZIP Code _____

P
AC
A
R
RP

Step 1a **SSN**

Your social security number _____ Spouse's social security number _____

IMPORTANT: Your social security number is required.

Step 2 **Filing Status**

Fill in only one.

1 Single
 2 Married filing joint return (even if only one spouse had income)
 3 Married filing separate return. Enter spouse's social security number above and full name here _____
 4 Head of household (with qualifying person). STOP. See instructions.
 5 Qualifying widow(er) with dependent child. Enter year spouse died _____

Step 3 **Exemptions**

Attach check or money order here.

6 If your parent (or someone else) can claim you (or your spouse, if married) as a dependent on his or her tax return, even if he or she chooses not to, fill in this circle 6

► For line 7, line 8, line 9, and line 11: Multiply the amount you enter in the box by the pre-printed dollar amount for that line.

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 instructions 7 X \$75 = \$ _____

8 **Blind:** If you (or if married, your spouse) are visually impaired, enter 1; if both, enter 2 8 X \$75 = \$ _____

9 **Senior:** If you (or if married, your spouse) are 65 or older, enter 1; if both, enter 2 9 X \$75 = \$ _____

10 Add line 7 through line 9. This is your total exemption credit before the dependent exemption credit 10 **Total** \$ _____

Dependent Exemptions

11 **Dependents:** Enter name and relationship. **Do not include yourself or your spouse.**

_____ Total dependent exemption credit 11 X \$235 = \$ _____

Step 4 **Taxable Income**

Attach copy of your Form(s) W-2, W-2G, 1099-R, and other Forms 1099 showing California tax withheld.

12 State wages from your Form(s) W-2, box 17 12 _____

13 Enter federal adjusted gross income from Form 1040, line 33; Form 1040A, line 19; Form 1040EZ, line 4; or TeleFile Tax Record, line I 13 _____

14 California adjustments – subtractions. Enter the amount from Schedule CA (540), line 33, column B 14 _____
Caution: If the amount on Schedule CA (540), line 33, column B is a negative number, see instructions.

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 _____

16 California adjustments – additions. Enter the amount from Schedule CA (540), line 33, column C 16 _____
Caution: If the amount on Schedule CA (540), line 33, column C is a negative number, see instructions.

17 California adjusted gross income. Combine line 15 and line 16 17 _____

18 Enter the larger of:
 Your California **itemized deductions** from Schedule CA (540), line 40; **OR**
 Your California **standard deduction** shown below for your filing status:
 • Married filing joint, Head of household, or Qualifying widow(er) \$5,622
 • Single or Married filing separate \$2,811
 (Dependent of someone else and filled in the circle on line 6 See instructions) 18 _____

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

Step 5 **Tax**

20 Tax. Fill in circle if from Tax Table Tax Rate Schedule FTB 3800 or FTB 3803 20 _____
Caution: If under age 14 and you have more than \$1,400 of investment income, read the line 20 instructions to see if you must attach form FTB 3800.

21 Exemption credits. If your federal AGI is more than \$124,246, see instructions. Otherwise, add line 10 and line 11 and enter the result here 21 _____

22 Subtract line 21 from line 20. If less than zero, enter -0- 22 _____

23 Tax. Fill in circle if from Schedule G-1, Tax on Lump-Sum Distributions form FTB 5870A, Tax on Accumulation Distribution of Trusts 23 _____

24 Add line 22 and line 23. Continue to Side 2 24 _____

Your name _____ Your SSN: _____

Step 6 25 Amount from Side 1, line 24 25

Special Credits and Nonrefundable Renter's Credit

28 Enter credit name _____ code no _____ and amount **28**

29 Enter credit name _____ code no _____ and amount **29**

30 To claim more than two credits, see instructions **30**

31 Nonrefundable renter's credit. See instructions for "Step 6" **31**

33 Add line 28 through line 31. These are your total credits **33**

34 Subtract line 33 from line 25. If less than zero, enter -0- **34**

Step 7 35 Alternative minimum tax. Attach Schedule P (540) **35**

Other Taxes

36 Other taxes and credit recapture. See instructions **36**

37 Add line 34 through line 36. This is your total tax **37**

Step 8 38 California income tax withheld. See instructions **38**

Payments

39 2000 CA estimated tax. See instructions **39**

41 Excess SDI. See instructions **41**

Child and Dependent Care Expenses Credit. See instructions

• 42 _____ / _____ / _____ • 43 _____ / _____ / _____

■ 44 _____ ■ 45 _____

46 Add line 38, line 39, line 41, and line 45. These are your total payments **46**

Step 9 47 Overpaid tax. If line 46 is more than line 37, subtract line 37 from line 46 **47**

Overpaid Tax or Tax Due

48 Amount of line 47 you want applied to your 2001 estimated tax **48**

49 Overpaid tax available this year. Subtract line 48 from line 47 **49**

50 Tax due. If line 46 is less than line 37, subtract line 46 from line 37 **50**

Step 10 CA Seniors Special Fund. See instructions **51** 00

Contributions

Alzheimer's Disease/Related Disorders Fund **52** 00

CA Fund for Senior Citizens **53** 00

Rare and Endangered Species Preservation Program **54** 00

State Children's Trust Fund for the Prevention of Child Abuse **55** 00

CA Breast Cancer Research Fund **56** 00

CA Firefighters' Memorial Fund **57** 00

CA Mexican American Veterans' Memorial **58** 00

Emergency Food Assistance Program Fund **59** 00

CA Peace Officer Memorial Foundation Fund **60** 00

Birth Defects Research Fund **61** 00

National World War II Veterans Memorial Trust Fund **62** 00

CA Lung Disease and Asthma Research Fund **63** 00

64 Add line 51 through line 63. These are your total contributions **64** _____

Step 11 65 **REFUND OR NO AMOUNT DUE.** Subtract line 64 from line 49. Mail to:
FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0000 **65**

Refund or Amount You Owe

66 **AMOUNT YOU OWE.** Add line 50 and line 64. Mail to:
FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 **66**

Step 12 67 Interest, late return penalties, and late payment penalties **67**

Interest and Penalties

68 Underpayment of estimated tax. Fill in circle: FTB 5805 attached FTB 5805F attached **68**

69 Total amount due. See instructions **69**

70 If you do **not** need California income tax forms mailed to you next year, fill in circle **70**

Step 13 Do not attach a voided check or a deposit slip.
Fill in the boxes to have your refund directly deposited. Routing number _____

Direct Deposit Information

Type: Checking Savings Account number _____

Sign Here

It is unlawful to forge a spouse's signature.

Joint return? See instructions.

IMPORTANT: See "Attachments to your return" on page 6 in the Form 540 instructions to find out if you should attach a copy of your complete federal 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. **9**

Your signature _____ Daytime phone number _____

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

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

_____ Paid preparer's SSN/PTIN _____

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