

California Resident Income Tax Return 1996

FORM

540

Step 1 Name and Address	Use the California mailing label. Otherwise, please print or type. Fiscal year beginning _____, 1996, ending _____, 19		Do Not Write In These Spaces	
	Your first name and initial _____	Last name _____		Your social security number _____
	If joint return, spouse's first name and initial _____	Last name _____		Spouse's social security number _____
	Present home address — number and street including PO Box or rural route _____			Apt. no. _____
	City, town or post office, state and ZIP code _____			
Step 2 Filing Status	1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married filing joint return (even if only one spouse had income) 3 <input type="checkbox"/> Married filing separate return. Enter spouse's social security number above and full name here _____ 4 <input type="checkbox"/> Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter child's name here. _____ 5 <input type="checkbox"/> Qualifying widow(er) with dependent child. Enter year spouse died 19_____.			
	Check only one.			
	Step 3 Exemptions	6 If your parent(s), or someone else, can claim you (or your spouse, if married) as a dependent on their tax return, check the box here		● 6 <input type="checkbox"/>
		7 Personal: If you checked box 1, 3 or 4 above, enter 1. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions.		7 _____
		8 Blind: If you (or if married, your spouse) are visually impaired, enter 1. If both are visually impaired, enter 2.		8 _____
9 Senior: If you (or if married, your spouse) are 65 or older, enter 1. If both are 65 or older, enter 2		● 9 _____		
10 Dependents: Enter name and relationship. Do not include yourself, your spouse or the person listed on line 4. _____		10 _____		
_____ Enter the total number of dependents		11 _____		
11 Total number of exemptions. Add line 7 through line 10.			11 _____	
Step 4 Taxable Income	12 State wages from your Form(s) W-2, box 17. ● 12 _____			
	13 Federal adjusted gross income from Form 1040, line 31, Form 1040A, line 16, Form 1040EZ, line 4 or TeleFile Tax Record, line H 13 _____			
	14 California adjustments – subtractions. Enter the amount from Schedule CA (540), line 31, column B ● 14 _____ Caution: If the amount on Schedule CA (540), line 31, 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 31, column C ● 16 _____ Caution: If the amount on Schedule CA (540), line 31, 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 38; OR Your California standard deduction shown below for your filing status: <ul style="list-style-type: none"> • Married filing joint, Head of household, or Qualifying widow(er) . . . \$5,054 • Single or Married filing separate \$2,527 (Dependent of someone else and checked box 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. Check if from <input type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 or <input type="checkbox"/> FTB 3803 . . . ● 20 _____ Caution: If under age 14 and you have more than \$1,300 of investment income, read the line 20 instructions to see if you must attach form FTB 3800.			
	21 Exemption credits. Caution: See the line 21 instructions before making an entry on this line. Check if from <input type="checkbox"/> Flowchart <input type="checkbox"/> Federal AGI limit or <input type="checkbox"/> California TMT limit ● 21 _____			
	22 Subtract line 21 from line 20. If less than zero, enter -0- 22 _____			
	23 Tax. Check if from <input type="checkbox"/> Schedule G-1, Tax on Lump-Sum Distributions; and <input type="checkbox"/> form FTB 5870A, Tax on Accumulation Distribution of Trusts ● 23 _____			
	24 Add line 22 and line 23. Continue to Side 2 24 _____			

Step 6 Credits	25	Amount from Side 1, line 24	25	_____
	28	Enter credit name _____ code no. _____ and amount . . .	▶ 28	_____
	29	Enter credit name _____ code no. _____ and amount . . .	▶ 29	_____
	30	Enter credit name _____ code no. _____ and amount . . .	▶ 30	_____
	31	To claim more than three credits, see instructions	● 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 Other Taxes	35	Alternative minimum tax. Attach Schedule P (540)	● 35	_____
	36	Other taxes and credit recapture from forms FTB 3501, FTB 3535, FTB 3805P, FTB 3805Z or FTB 3806. See instructions	● 36	_____
	37	Add line 34 through line 36. This is your total tax	● 37	_____

Step 8 Payments	38	California income tax withheld. Enter total from your 1996 Form(s) W-2, W-2G, 1099-MISC and 1099-R. Also attach the Form(s) to Side 1	■ 38	_____
	39	1996 California estimated tax and amount applied from your 1995 return. Include the amount from form FTB 3519 or Schedule K-1 (541)	■ 39	_____
	41	Did either you or your spouse receive more than \$31,767 in wages in 1996? Yes. See instructions. No. Go to line 42	■ 41	_____
	42	Add line 38 through line 41. These are your total payments	42	_____

Step 9 Overpaid Tax or Tax Due	43	If line 42 is more than line 37, subtract line 37 from line 42. This is your overpaid tax	43	_____
	44	Amount of line 43 you want applied to your 1997 estimated tax	■ 44	_____
	45	Subtract line 44 from line 43. This is the amount of overpaid tax available this year	■ 45	_____
	46	If line 42 is less than line 37, subtract line 42 from line 37. This is the tax due	46	_____

Step 10 Contributions	47	Contribution to California Seniors Special Fund. See instructions	● 47	_____
	You may make a contribution of \$1 or more to:			
	48	Alzheimer's Disease/Related Disorders Fund	● 48	_____ 00
	49	California Fund for Senior Citizens	● 49	_____ 00
	50	Rare and Endangered Species Preservation Program	● 50	_____ 00
	51	State Children's Trust Fund for the Prevention of Child Abuse	● 51	_____ 00
	52	California Breast Cancer Research Fund.	● 52	_____ 00
	53	Veterans Memorial Account	● 53	_____ 00
	54	California Firefighters' Memorial Fund	● 54	_____ 00
	55	California Public School Library Protection Fund	● 55	_____ 00
	56	D.A.R.E. California (Drug Abuse Resistance Education) Fund	● 56	_____ 00
	California Election } 57 Your political party _____ amount (\$25 max) ▶ 57			_____ 00
	Campaign Fund } 58 Spouse's political party _____ amount (\$25 max) ▶ 58			_____ 00
59	Add line 47 through line 58. These are your total contributions	● 59	_____	

Step 11 Refund or Amount You Owe	60	Subtract line 59 from line 45. You have a REFUND OR NO AMOUNT DUE . Mail your return to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0000.	■ 60	_____
	61	Add line 46 and line 59. This is the AMOUNT YOU OWE . Make a check or money order payable to "Franchise Tax Board" for the full amount you owe. Write your social security number and "1996 Form 540" on it. Attach it to the front of your Form 540 and mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001.	■ 61	_____

Step 12 Interest and Penalties	62	Interest, late return penalties and late payment penalties.	62	_____
	63	Underpayment of estimated tax. If form FTB 5805 or 5805F is attached, check here	<input type="checkbox"/> ■ 63	_____
	64	If you do not need California income tax forms mailed to you next year, check here.	● 64 <input type="checkbox"/>	_____

Sign Here **IMPORTANT:** See "Sign Your Return" 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

It is unlawful to forge a spouse's signature.	Your signature	Spouse's signature (if filing joint, both must sign)	Date / /
	X	X	Daytime phone number (____) ____ - _____

Signature of paid preparer (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