

California Resident Income Tax Return 2001

FORM
540A

Step 1

Place label here or print

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, 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
<input type="text"/>	<input type="text"/>

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

- 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
- 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 \$79 = \$
- 8 **Blind:** If you (or if married, your spouse) are visually impaired, enter 1; if both, enter 2 8 X \$79 = \$
- 9 **Senior:** If you (or if married, your spouse) are 65 or older, enter 1; if both, enter 2 9 X \$79 = \$
- 10 Add line 7 through line 9. These are your total exemptions before dependent exemptions 10 **Total** \$
- 11 **Dependents:** Enter name and relationship. **Do not include yourself or your spouse.**

 Total dependent exemptions 11 X \$247 = \$

Step 4

Taxable Income and California Income Adjustments

Attach check or money order here.

Standard Deduction

Single or Married filing separate, \$2,960.

Married filing joint, Head of household, or Qualifying widow(er), \$5,920.

12 a State wages from your Form(s) W-2, box 16	12a	<input type="text"/>
12 b Enter federal adjusted gross income from your TeleFile Tax Record, line I; Form 1040EZ, line 4; Form 1040A, line 19; or Form 1040, line 33	12b	<input type="text"/>
13 California Income Adjustments. See instructions for line 13a through line 13f.		
a State income tax refund	13a	<input type="text"/>
b Unemployment compensation	13b	<input type="text"/>
c Social security or railroad retirement	13c	<input type="text"/>
d California nontaxable interest or dividend income	13d	<input type="text"/>
e California IRA distributions	13e	<input type="text"/>
f California pensions and annuities	13f	<input type="text"/>
g Total California income adjustments. Add line 13a through line 13f	13g	<input type="text"/>
14 Subtract line 13g from line 12b. This is your California adjusted gross income. See instructions	14	<input type="text"/>
15 Enter the larger of your California Itemized deductions or Standard deduction (see instructions). If line 6 is filled in, see instructions	15	<input type="text"/>
16 Subtract line 15 from line 14. This is your taxable income. If less than zero, enter -0-	16	<input type="text"/>

Step 5

Tax and Credits

Attach copy of your Form(s) W-2, and W-2G. Also, attach any Form(s) 1099 showing California tax withheld.

17 Tax. Fill in the circle if from: <input type="radio"/> Tax Table <input type="radio"/> Tax Rate Schedule	17	<input type="text"/>
18 Exemption credits. If line 12b is more than \$130,831 see instructions. Otherwise, add line 10 and line 11	18	<input type="text"/>
19 Nonrefundable renter's credit. See instructions	19	<input type="text"/>
20 Total credits. Add line 18 and line 19	20	<input type="text"/>
23 Subtract line 20 from line 17. This is your total tax. If less than zero, enter -0-	23	<input type="text"/>

Step 6

Overpaid Tax or Tax Due

24 Enter the amount from Side 1, line 23 24

25 California income tax withheld. See instructions 25

26 2001 California estimated tax and payment with form FTB 3519 and amount applied from 2000 return . 26

27 Excess SDI. See instructions 27

Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506.

• 28

• 29

■ 30 ■ 31

32 Total payments and credits. Add line 25, line 26, line 27, and line 31 32

33 Overpaid tax. If line 32 is more than line 24, subtract line 24 from line 32 33

34 Enter the amount of line 33 you want applied to your 2002 estimated tax 34

35 Overpaid tax available this year. Subtract line 34 from line 33 35

36 Tax due. If line 32 is less than line 24, subtract line 32 from line 24 36

Step 7 Contributions

CA Seniors Special Fund. See instructions ● 51 _____ 00	CA Breast Cancer Research Fund .. ● 56 _____ 00
Alzheimer's Disease/Related Disorders Fund ● 52 _____ 00	CA Firefighters' Memorial Fund ... ● 57 _____ 00
CA Fund for Senior Citizens ● 53 _____ 00	Emergency Food Assistance Program Fund ● 58 _____ 00
Rare and Endangered Species Preservation Program ● 54 _____ 00	CA Peace Officer Memorial Foundation Fund ● 59 _____ 00
State Children's Trust Fund for the Prevention of Child Abuse ● 55 _____ 00	Lupus Foundation of America, California Chapters Fund ● 60 _____ 00

37 Total contributions. Add all contributions shown above, enter the total here ● 37

Step 8

Refund or Amount You Owe

38 **REFUND** or **NO AMOUNT DUE.** Subtract line 37 from line 35. Enter the result here. See instructions. Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0000** 38

39 **AMOUNT YOU OWE** Add line 36 and line 37. See instructions. Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** 39

40 Underpayment of estimated tax. If form FTB 5805 is attached, fill in this circle 40

41 If you **do not** need California income tax forms mailed to you next year, fill in this circle .. ● 41

Direct Deposit (Refund Only)

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

Account type: Checking ● Savings ● Account number _____

Step 9

Sign Here

It is unlawful to forge a spouse's signature.

Joint return? See instructions.

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is true, correct, and complete. **9**

Your signature _____ Spouse's signature (if filing joint, both must sign) _____ Daytime phone number (____) _____

X _____ 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 _____