California Resident Income Tax Return 1999

FORM **540**

Fiscal year filers only: Enter month of year end: month_____ year 2000.

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 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 19 _____ .

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 $72 = $_____

8 **Blind:** If you (or if married, your spouse) are visually impaired, enter 1; if both, enter 2 . . . . . 8 ☐ X $72 = $_____

9 **Senior:** If you (or if married, your spouse) are 65 or older, enter 1; if both, enter 2 . . . . . ● 9 ☐ X $72 = $_____

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 $227 = $_____

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 18; 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) $5,422
  - Single or Married filing separate $2,711
  - (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 $119,813, see instructions. Otherwise, add line 10 and line 11 and enter the result on line 21 . . . . . 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 _____

Step 6
Special Credits and Nonrefundable Renter's Credit

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 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
Other Taxes

35 Alternative minimum tax. Attach Schedule P (540) . . . . . ● 35

36 Other taxes and credit recapture. 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 1999 Form(s) W-2, W-2G, 1099-MISC, and 1099-R. Also attach the form(s) to Side 1 . . . . . ■ 38

39 1999 CA estimated tax and amount applied from your 1998 return. Include the amount from form FTB 3519 or Schedule K-1 (541) . . . . . ■ 39

41 Excess SDI. See instructions . . . . . ■ 41

42 Add line 38 through line 41. These are your total payments 42

Step 9
Overpaid Tax or Tax Due

43 Overpaid tax. If line 42 is more than line 37, subtract line 37 from line 42 43

44 Amount of line 43 you want applied to your 2000 estimated tax . . . . . ■ 44

45 Overpaid tax available this year. Subtract line 44 from line 43 . . . . . ■ 45

46 Tax due. If line 42 is less than line 37, subtract line 42 from line 37 46

Step 10
Contributions

47 Contribution to California Seniors Special Fund. See instructions . . . . . ● 47

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 California Firefighters' Memorial Fund . ● 53 00

54 California Public School Library Protection Fund . . . . . ● 54 00

55 D.A.R.E. California (Drug Abuse Resistance Education) Fund . . . . ● 55 00

56 California Mexican American Veterans' Memorial . . . . . ● 56 00

57 Emergency Food Assistance Program Fund . . . . . ● 57 00

58 California Peace Officer Memorial Foundation Fund . . . . . ● 58 00

59 Birth Defects Research Fund . . . . . ● 59 00

60 Add line 47 through line 59. These are your total contributions . . . . . ● 60

Step 11
Refund or Amount You Owe

61 **REFUND OR NO AMOUNT DUE.** Subtract line 60 from line 45. Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0000** . . . . ■ 61

62 **AMOUNT YOU OWE.** Add line 46 and line 60. Make a check/money order payable to "Franchise Tax Board" for the full amount. Write your social security number and "1999 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** . . . . . ■ 62

Step 12
Interest and Penalties

63 Interest, late return penalties, and late payment penalties 63

64 Underpayment of estimated tax. Fill in circle: ○ FTB 5805 attached ○ FTB 5805F attached . . . . . ■ 64

65 If you do **not** need California income tax forms mailed to you next year, fill in circle . . . . . ● 65 ○

Step 13
Direct Deposit Information

Routing number ▶

Type:

Checking ☐ Savings ☐

Account number ▶

Sign Here

It is unlawful to forge a spouse's signature.

Joint return? See instructions.

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

Your signature X

Daytime phone number ( ) +

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/FEIN/PTIN

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

Firm's address

54099209