

# California Resident Income Tax Return 1999

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 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  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 \$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** \$ \_\_\_\_\_
- 11 **Dependents:** Enter name and relationship. Do not include yourself or your spouse.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Total dependent exemption credit ..... 11  X \$227 = \$ \_\_\_\_\_

Dependent Exemptions

## 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 a State wages from your Form(s) W-2, box 17 ..... ● 12a \_\_\_\_\_
- 12 b Enter federal adjusted gross income from your TeleFile Tax Record, line I; Form 1040EZ, line 4; Form 1040A, line 18; or Form 1040, line 33. (If over \$100,000, STOP; you must file Form 540) ..... 12b \_\_\_\_\_
- 13 Total California income adjustments. Enter the amount from Side 2, Part I, line 7 ..... ● 13 \_\_\_\_\_
- 14 Subtract line 13 from line 12b. This is your California adjusted gross income. See instructions ..... ● 14 \_\_\_\_\_
- 15 Enter the **larger** of your CA **itemized deductions** OR your CA **standard deduction**. See instructions ..... ● 15 \_\_\_\_\_
- 16 Subtract line 15 from line 14. This is your taxable income. If less than zero, enter -0- ..... 16 \_\_\_\_\_

## Step 5

Tax and Credits

- 17 Tax. Use the tax table to find the tax on the amount shown on line 16 ..... 17 \_\_\_\_\_
- 18 Exemption credits. Add line 10 and line 11. Enter the result here ..... 18 \_\_\_\_\_
- 19 Nonrefundable renter's credit. See instructions ..... ● 19 \_\_\_\_\_
- 20 Total credits. Add line 18 and line 19 ..... 20 \_\_\_\_\_
- 23 Subtract line 20 from line 17. This is your total tax. If less than zero, enter -0- ..... ● 23 \_\_\_\_\_

## Step 6

Overpaid Tax or Tax Due

- 24 California income tax withheld. See instructions ..... ■ 24 \_\_\_\_\_
- 25 1999 California estimated tax and payment with form FTB 3519 ..... ■ 25 \_\_\_\_\_
- 27 Excess SDI. See instructions ..... ■ 27 \_\_\_\_\_
- 28 Total payments and credits. Add line 24, line 25, and line 27 ..... 28 \_\_\_\_\_
- 29 Overpaid tax. If line 28 is more than line 23, subtract line 23 from line 28 ..... 29 \_\_\_\_\_
- 30 Enter the amount of line 29 you want applied to your 2000 estimated tax ..... ■ 30 \_\_\_\_\_
- 31 Overpaid tax available this year. Subtract line 30 from line 29 ..... ■ 31 \_\_\_\_\_
- 32 Tax due. If line 28 is less than line 23, subtract line 28 from line 23 ..... 32 \_\_\_\_\_

## Step 7

Refund or Amount You Owe

- 34 Total contributions. Enter amount from Side 2, Part II, line 14 ..... ● 34 \_\_\_\_\_
- 35 Subtract line 34 from line 31. You have a **REFUND** or **NO AMOUNT DUE**. Enter the result here. See Part III for direct deposit. See Part IV to sign your return ..... ■ 35 \_\_\_\_\_
- 36 Add line 32 and line 34. This is the **AMOUNT YOU OWE**. Enter the result here. See Side 2, Part IV to sign your return. .... ■ 36 \_\_\_\_\_
- 37 Underpayment of estimated tax. If form FTB 5805 is attached, fill in this circle  37 \_\_\_\_\_
- 38 If you do not need California income tax forms mailed to you next year, fill in this circle ..... ● 38

