

California Resident Income Tax Return 2001

FORM

540

Fiscal year filers only: Enter month of year end: month _____ year 2002.

Step 1 **Name and Address**

Your first name _____ Initial _____ Last name _____ PBA Code _____ **P**

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

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

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

Step 1a **SSN**

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

IMPORTANT: Your social security number is required. **RP**

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

► 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 \$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. 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 \$247 = \$ _____

Step 4 **Taxable Income**

Attach check or money order here.

12 State wages from your Form(s) W-2, box 16 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 1 13 _____

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

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

18 Enter the **larger of:** 18 _____
 Your California **itemized deductions** from Schedule CA (540), line 40; **OR**
 Your California **standard deduction** shown below for your filing status:
 • Single or Married filing separate \$2,960
 • Married filing joint, Head of household, or Qualifying widow(er) \$5,920
 (Dependent of someone else and filled in the circle on line 6 See instructions)

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

Step 5 **Tax**

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

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 \$1,500 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 \$130,831, 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 2001 CA estimated tax and other payments. See instructions ■ 39

41 Excess SDI. See instructions ■ 41

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

● 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 2002 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 Breast Cancer Research Fund ... ● 56 _____ 00
CA Fund for Senior Citizens ● 53 _____ 00	CA Firefighters' Memorial Fund ... ● 57 _____ 00
Rare and Endangered Species Preservation Program ● 54 _____ 00	Emergency Food Assistance Program Fund ● 58 _____ 00
State Children's Trust Fund for the Prevention of Child Abuse ● 55 _____ 00	CA Peace Officer Memorial Foundation Fund ● 59 _____ 00
	Lupus Foundation of America, California Chapters Fund ● 60 _____ 00

64 Add line 51 through line 60. 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

66 **AMOUNT YOU OWE.** Add line 50 and line 64. See instructions. 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 the circle ● 70 ○

Step 13 Do not attach a voided check or a deposit slip.
Direct Deposit (Refund Only) Fill in the boxes to have your refund directly deposited. Routing number _____ ▶ ● _____

Account Type: Checking ● Savings ● Account number _____ ▶ ● _____

IMPORTANT: See "Attachments to your return" on page 9 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

Sign Here

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 _____