

# California Resident Income Tax Return 2009

540 C1 Side 1

Fiscal year filers only: Enter month of year end: month \_\_\_\_\_ year 2010.

Your first name		Initial	Last name	Your SSN or ITIN	
If joint return, spouse's/RDP's first name		Initial	Last name	Spouse's/RDP's SSN or ITIN	
Address (number and street, PO Box, or PMB no.)				Apt. no./Ste. no.	PBA Code
City (If you have a foreign address, see page 7)				State	ZIP Code
Prior Name	If you filed your 2008 tax return under a different last name, write the last name only from the 2008 tax return.				
	● Taxpayer		● Spouse/RDP		

**Filing Status**

1  Single

2  Married/RDP filing jointly. (see page 4)

3  Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here \_\_\_\_\_

4  Head of household (with qualifying person). (see page 4)

5  Qualifying widow(er) with dependent child. Enter year spouse/RDP died \_\_\_\_\_.

If your California filing status is different from your federal filing status, fill in the circle here . . . . . ●

6 If someone can claim you (or your spouse/RDP) as a dependent, fill in the circle here (see page 7) . . . . . ●  6

**Exemptions**

► For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. **Whole dollars only**

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 page 7. . . . . 7  X \$98 = \$ \_\_\_\_\_

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 . . . . . 8  X \$98 = \$ \_\_\_\_\_

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 . . . . . ● 9  X \$98 = \$ \_\_\_\_\_

10 **Dependents:** Enter name and relationship. **Do not include yourself or your spouse/RDP.** \_\_\_\_\_

\_\_\_\_\_ Total dependent exemptions ● 10  X \$98 = \$ \_\_\_\_\_

11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 . . . . . 11 \$ \_\_\_\_\_

**Taxable Income**

12 State wages from your Form(s) W-2, box 16 . . . . . ● 12 \_\_\_\_\_ 00

13 Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4 . . . . . 13 \_\_\_\_\_ 00

14 California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B . . . . . ● 14 \_\_\_\_\_ 00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses (see page 9). . . . . 15 \_\_\_\_\_ 00

16 California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C . . . . . ● 16 \_\_\_\_\_ 00

17 California adjusted gross income. Combine line 15 and line 16 . . . . . ● 17 \_\_\_\_\_ 00

18 Enter the larger of: { Your California **itemized deductions** from Schedule CA (540), line 44; **OR** Your California **standard deduction** shown below for your filing status:  
 • Single or Married/RDP filing separately. . . . . \$3,637  
 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . . \$7,274  
 If the circle on line 6 is filled in, STOP. (see page 9) . . . . . ● 18 \_\_\_\_\_ 00

19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- . . . . . 19 \_\_\_\_\_ 00

**Tax**

31 Tax. Fill in the circle if from:  Tax Table  Tax Rate Schedule  FTB 3800  FTB 3803. . . . . ● 31 \_\_\_\_\_ 00

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$160,739, see page 10. . . . . 32 \_\_\_\_\_ 00

33 Subtract line 32 from line 31. If less than zero, enter -0- . . . . . 33 \_\_\_\_\_ 00

34 Tax (see page 11). Fill in the circle if from:  Schedule G-1  FTB 5870A. . . . . ● 34 \_\_\_\_\_ 00

35 Add line 33 and line 34. . . . . 35 \_\_\_\_\_ 00

Your name: \_\_\_\_\_ Your SSN or ITIN: \_\_\_\_\_

**40** Enter the amount from Side 1, line 35 ..... **40** \_\_\_\_\_ | 00

Special Credits

**41** New jobs credit, amount generated (see page 11) ..... ● **41** \_\_\_\_\_ | 00

**42** New jobs credit, amount claimed (see page 11) ..... ● **42** \_\_\_\_\_ | 00

**43** Enter credit name \_\_\_\_\_ code no \_\_\_\_\_ and amount ..... ▶ **43** \_\_\_\_\_ | 00

**44** Enter credit name \_\_\_\_\_ code no \_\_\_\_\_ and amount ..... ▶ **44** \_\_\_\_\_ | 00

**45** To claim more than two credits (see page 11) ..... ● **45** \_\_\_\_\_ | 00

**46** Nonrefundable renter's credit (see page 12) ..... ● **46** \_\_\_\_\_ | 00

**47** Add line 42 through line 46. These are your total credits ..... **47** \_\_\_\_\_ | 00

**48** Subtract line 47 from line 40. If less than zero, enter -0- ..... **48** \_\_\_\_\_ | 00

Other Taxes

**61** Alternative minimum tax. Attach Schedule P (540) ..... ● **61** \_\_\_\_\_ | 00

**62** Mental Health Services Tax (see page 12) ..... ● **62** \_\_\_\_\_ | 00

**63** Other taxes and credit recapture (see page 13) ..... ● **63** \_\_\_\_\_ | 00

**64** Add line 48, line 61, line 62, and line 63. This is your total tax. .... ● **64** \_\_\_\_\_ | 00

**71** California income tax withheld (see page 13) ..... ● **71** \_\_\_\_\_ | 00

**72** 2009 CA estimated tax and other payments (see page 13) ..... ● **72** \_\_\_\_\_ | 00

**73** Real estate and other withholding (see page 13) ..... ● **73** \_\_\_\_\_ | 00

**74** Excess SDI (or VPDI) withheld (see page 13) ..... ● **74** \_\_\_\_\_ | 00

**Child and Dependent Care Expenses Credit** (see page 13). Attach form FTB 3506.

Payments

**75** Qualifying person's social security number ..... ● **75** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**76** Qualifying person's social security number ..... ● **76** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**77** Enter the amount from form FTB 3506, Part III, line 8 ..... ● **77** \_\_\_\_\_ | 00

**78** Child and Dependent Care Expenses Credit from form FTB 3506, Part III, line 12 ..... ● **78** \_\_\_\_\_ | 00

**79** Add line 71, line 72, line 73, line 74, and line 78. These are your total payments (see page 14) ..... **79** \_\_\_\_\_ | 00

Overpaid Tax/  
Tax Due

**91** Overpaid tax. If line 79 is more than line 64, subtract line 64 from line 79 ..... **91** \_\_\_\_\_ | 00

**92** Amount of line 91 you want applied to your **2010** estimated tax ..... ● **92** \_\_\_\_\_ | 00

**93** Overpaid tax available this year. Subtract line 92 from line 91 ..... ● **93** \_\_\_\_\_ | 00

**94** Tax due. If line 79 is less than line 64, subtract line 79 from line 64 ..... **94** \_\_\_\_\_ | 00

Use Tax

**95** Use Tax. **This is not a total line** (see page 14) ..... ● **95** \_\_\_\_\_ | 00

Your name: \_\_\_\_\_ Your SSN or ITIN: \_\_\_\_\_

Contributions		Code	Amount
	California Seniors Special Fund (see page 22) . . . . .	● 400	00
	Alzheimer's Disease/Related Disorders Fund . . . . .	● 401	00
	California Fund for Senior Citizens . . . . .	● 402	00
	Rare and Endangered Species Preservation Program . . . . .	● 403	00
	State Children's Trust Fund for the Prevention of Child Abuse . . . . .	● 404	00
	California Breast Cancer Research Fund . . . . .	● 405	00
	California Firefighters' Memorial Fund . . . . .	● 406	00
	Emergency Food for Families Fund . . . . .	● 407	00
	California Peace Officer Memorial Foundation Fund . . . . .	● 408	00
	California Military Family Relief Fund . . . . .	● 409	00
	California Sea Otter Fund . . . . .	● 410	00
	California Ovarian Cancer Research Fund . . . . .	● 411	00
	Municipal Shelter Spay-Neuter Fund . . . . .	● 412	00
	California Cancer Research Fund . . . . .	● 413	00
	ALS/Lou Gehrig's Disease Research Fund . . . . .	● 414	00
	<b>110</b> Add code 400 through code 414. This is your total contribution . . . . .	● 110	00

**111 AMOUNT YOU OWE.** Add line 94, line 95, and line 110 (see page 15). **Do not send cash.**  
 Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** . . . . . ● 111 00  
 Pay online – Go to **ftb.ca.gov** and search for **web pay**.

**112** Interest, late return penalties, and late payment penalties . . . . . **112** 00  
**113** Underpayment of estimated tax. Fill in circle:  FTB 5805 attached  FTB 5805F attached . . . . . ● 113 00  
**114** Total amount due (see page 16). Enclose, but **do not** staple, any payment . . . . . **114** 00

**115 REFUND OR NO AMOUNT DUE.** Subtract line 95 and line 110 from line 93 (see page 16).  
 Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002** . . . . . ● 115 00  
 Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip (see page 16).  
**Have you verified the routing and account numbers?** Use whole dollars only.  
 All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:  
 Checking \_\_\_\_\_  
 Savings \_\_\_\_\_  
 ● Routing number ● Type ● Account number ● 116 Direct deposit amount 00  
 The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:  
 Checking \_\_\_\_\_  
 Savings \_\_\_\_\_  
 ● Routing number ● Type ● Account number ● 117 Direct deposit amount 00

**IMPORTANT:** See the 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.

**Sign Here**  
 It is unlawful to forge a spouse's/RDP's signature.  
 Joint return? (see page 17)

Your signature	Spouse's/RDP's signature (if a joint return, both must sign)	Daytime phone number (optional) ( ) _____
X Paid preparer's signature ( <b>declaration of preparer is based on all information of which preparer has any knowledge</b> )	X Firm's name (or yours, if self-employed)	Date ● Paid preparer's SSN/PTIN ● FEIN
Do you want to allow another person to discuss this return with us (see page 17)? . . . . . ● <input type="checkbox"/> Yes <input type="checkbox"/> No		( ) _____
Print Third Party Designee's Name		Telephone Number