TAXABLE YEAR

FORM

2019 California Resident Income Tax Return 540

Filing Status

If your California filing status is different from your federal filing status, check the box here . . . . . ☐

1 ☐ Single

2 ☐ Married/RDP filing jointly. See inst.

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 instructions.

5 ☐ Qualifying widow(er). Enter year spouse/RDP died. ☐

See instructions.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst . . . . . ● 6 ☐

Exemptions

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

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. ◉ 7 ☐ X $122 = ◉ $

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. . . . . ◉ 8 ☐ X $122 = ◉ $

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 . . . . . ● 9 ☐ X $122 = ◉ $

10 **Dependents: Do not include yourself or your spouse/RDP.**

	Dependent 1	Dependent 2	Dependent 3
First Name	◉	◉	◉
Last Name	◉	◉	◉
SSN	●	●	●
Dependent's relationship to you	◉	◉	◉

Total dependent exemptions . . . . . ● 10 ☐ X $378 = ◉ $

Your name: _____ Your SSN or ITIN: _____

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

Taxable Income

12 State wages from your federal Form(s) W-2, box 16 . . . . . ● **12** _____ .00

13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 8b . . . . . ◉ **13** _____ .00

14 California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 23, column B . . . . . ● **14** _____ .00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions . . . . . **15** _____ .00

16 California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 23, 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), Part II, line 30; **OR**
- Your California **standard deduction** shown below for your filing status:
  - Single or Married/RDP filing separately $4,537
  - Married/RDP filing jointly, Head of household, or Qualifying widow(er) $9,074

If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions ● **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. Check the box 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 $200,534, see instructions. . . . . ◉ **32** _____ .00

33 Subtract line 32 from line 31. If less than zero, enter -0- . . . . . ◉ **33** _____ .00

34 Tax. See instructions. Check the box if from: ● ☐ Schedule G-1 ● ☐ FTB 5870A . . ● **34** _____ .00

35 Add line 33 and line 34 . . . . . ◉ **35** _____ .00

Special Credits

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. . . . . ● **40** _____ .00

43 Enter credit name _____ code ● ☐ and amount . . . ● **43** _____ .00

44 Enter credit name _____ code ● ☐ and amount . . . ● **44** _____ .00

45 To claim more than two credits. See instructions. Attach Schedule P (540). . . . . ● **45** _____ .00

46 Nonrefundable renter's credit. See instructions . . . . . ● **46** _____ .00

47 Add line 40 through line 46. These are your total credits . . . . . ◉ **47** _____ .00

48 Subtract line 47 from line 35. If less than zero, enter -0- . . . . . ◉ **48** _____ .00

Your name: _____ Your SSN or ITIN: _____

Other Taxes

61	Alternative minimum tax. Attach Schedule P (540)	●	61	.00
62	Mental Health Services Tax. See instructions	●	62	.00
63	Other taxes and credit recapture. See instructions	●	63	.00
64	Add line 48, line 61, line 62, and line 63. This is your total tax	●	64	.00

Payments

71	California income tax withheld. See instructions	●	71	.00
72	2019 CA estimated tax and other payments. See instructions	●	72	.00
73	Withholding (Form 592-B and/or 593). See instructions	●	73	.00
74	Excess SDI (or VPDI) withheld. See instructions	●	74	.00
75	Earned Income Tax Credit (EITC)	●	75	.00
76	Young Child Tax Credit (YCTC). See instructions	●	76	.00
77	Add lines 71 through 76. These are your total payments. See instructions	◉	77	.00

Use Tax

91 **Use Tax.** Do not leave blank. See instructions ● **91** .00

If line 91 is zero, check if: ☐ No use tax is owed.

☐ You paid your use tax obligation directly to CDTFA.

Overpaid Tax/Tax Due

92	Payments balance. If line 77 is more than line 91, subtract line 91 from line 77	◉	92	.00
93	**Use Tax balance.** If line 91 is more than line 77, subtract line 77 from line 91	◉	93	.00
94	Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92	◉	94	.00
95	Amount of line 94 you want applied to your **2020** estimated tax	●	95	.00
96	Overpaid tax available this year. Subtract line 95 from line 94	●	96	.00
97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64	◉	97	.00

Your name: Your SSN or ITIN:

Contributions

	Code	Amount
California Seniors Special Fund. See instructions	400	.00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	401	.00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	403	.00
California Breast Cancer Research Voluntary Tax Contribution Fund	405	.00
California Firefighters' Memorial Fund	406	.00
Emergency Food for Families Voluntary Tax Contribution Fund	407	.00
California Peace Officer Memorial Foundation Fund	408	.00
California Sea Otter Fund	410	.00
California Cancer Research Voluntary Tax Contribution Fund	413	.00
School Supplies for Homeless Children Fund	422	.00
State Parks Protection Fund/Parks Pass Purchase	423	.00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	424	.00
Keep Arts in Schools Voluntary Tax Contribution Fund	425	.00
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	431	.00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	438	.00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	439	.00
Rape Kit Backlog Voluntary Tax Contribution Fund	440	.00
Organ and Tissue Donor Registry Voluntary Tax Contribution Fund	441	.00
National Alliance on Mental Illness California Voluntary Tax Contribution Fund	442	.00
Schools Not Prisons Voluntary Tax Contribution Fund	443	.00
Suicide Prevention Voluntary Tax Contribution Fund	444	.00
110 Add code 400 through code 444. This is your total contribution	110	.00

Your name: Your SSN or ITIN:

Amount You Owe

111 AMOUNT YOU OWE. If you do not have an amount on line 96, add line 93, line 97, and line 110. See instructions. **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/pay** for more information.

Interest and Penalties

112 Interest, late return penalties, and late payment penalties . . . . . **112** .00

113 Underpayment of estimated tax.

Check the box: ● ☐ **FTB 5805 attached** ● ☐ **FTB 5805F attached** . . . . . ● **113** .00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment . . . . . **114** .00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of 110, line 112 and line 113 from line 96. See instructions.

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001.** . . . . . ● **115** .00

Refund and Direct Deposit

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 instructions. **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:

● Routing number ● Type ☐ Checking ☐ Savings ● 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:

● Routing number ● Type ☐ Checking ☐ Savings ● Account number ● **117** Direct deposit amount .00

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to **ftb.ca.gov/forms** and search for **1131**. To request this notice by mail, call 800.852.5711.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature | Date | Spouse's/RDP's signature (if a joint tax return, both must sign)

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Joint tax return? (See instructions)

◉ Your email address. Enter only one email address. ◉ Preferred phone number

Paid preparer's signature **(declaration of preparer is based on all information of which preparer has any knowledge)**

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

Firm's address ● Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions . . . . . ● ☐ Yes ☐ No

Print Third Party Designee's Name | Telephone Number