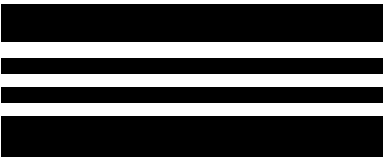


California Resident
Income Tax Return 2001



540

FEDERAL RETURN ATTACHMENT REQUIRED:

YES NO

P
AC
A
R
RP

DO NOT
ATTACH
LABEL

Step 1

Name and
Address

FOR COMPUTERIZED USE ONLY

Step 2
Filing Status

- 1 Single
- 2 Married filing joint return (even if only one spouse had income)
- 3 Married filing separate return. Enter spouse's SSN 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 someone can claim you (or your spouse, if married) as a dependent on their tax return, check the box here. **6**
- 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 \$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** \$

Dependent
Exemptions

- 11 **Dependents:** Enter name and relationship. Do not include yourself or your spouse.
- Total dependent exemption credit **11** x \$247 = \$

Step 4
Taxable
Income

- 12 State wages from your Form(s) W-2, box 16 **12**
- 13 Enter adjusted gross income from your 2001 federal return **13**
- 14 California adjustments — subtractions. Enter the amount from Schedule CA (540), line 33, column B. **14**
- 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**
- 17 California adjusted gross income. Combine line 15 and line 16. **17**
- 18 Enter the larger of your CA **standard deduction OR** your CA **itemized deductions**. **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. Check if from Tax Table Tax Rate Schedule FTB 3800 or FTB 3803 **20**
- 21 Exemption credits. If line 13 is over \$130,831, see instructions. Otherwise, add line 10 and line 11 **21**
- 22 Subtract line 21 from line 20. If less than zero, enter -0-. **22**
- 23 Other Taxes. Check if from Schedule G-1 and form FTB 5870A **23**
- 24 Add line 22 and line 23. Continue to Side 2. **24**

Attach check
or money
order here.

Attach copy of your
Form(s) W-2, W-2G,
and other Forms
1099 with California
tax withheld.

Your Name: _____ Your SSN: _____

Step 6

Special Credits and Nonrefundable Renter's Credit

25 Amount from Side 1, line 24 25
28 Enter credit name _____ code no. _____ & amount ► 28
29 Enter credit name _____ code no. _____ & 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. See instructions..... ■ 38
39 2001 California estimated tax and other payments..... ■ 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

Overpaid Tax or Tax Due

47 Overpaid tax. If line 46 is more than line 37, subtract line 37 from line 46 47
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

Contributions

CA Seniors Special Fund. See instructions..... ● 51
Alzheimer's Disease/Related Disorders Fund..... ● 52
CA Fund for Senior Citizens..... ● 53
Rare and Endangered Species Preservation Program..... ● 54
State Children's Trust Fund for the Prevention of Child Abuse..... ● 55
CA Breast Cancer Research Fund..... ● 56
CA Firefighters' Memorial Fund..... ● 57
Emergency Food Assistance Program Fund..... ● 58
CA Peace Officer Memorial Foundation Fund..... ● 59
Lupus Foundation of America, California Chapters Fund..... ● 60
64 Add line 51 through line 60. These are your total contributions..... ● 64

Step 11

Refund or Amount You Owe

65 **REFUND OR NO AMOUNT DUE.** Subtract line 64 from line 49. Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0009.** ■ 65
66 **AMOUNT YOU OWE.** Add line 50 and line 64. Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001.** ■ 66

Step 12

Interest and Penalties

67 Interest, late return penalties, and late payment penalties 67
68 Underpayment of estimated tax. Check box: FTB 5805 attached FTB 5805F attached. ■ 68
69 Total amount due. See instructions..... 69
● 70 4

Step 13

Direct Deposit of Refund

Do not attach a voided check or a deposit slip. Complete this section to have your refund directly deposited. Routing number..... ► ● _____
Account Type:
Checking ● Savings ● Account number..... ► ● _____

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. 6

Sign Here

It is unlawful to forge a spouse's signature.

Joint return? See instructions.

Your signature _____ Daytime phone number _____
X _____ Spouse's signature (if filing joint, both must sign) _____ Date _____
X _____ 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 _____