

Filing Status
☒ Single
 ☐ Married filing jointly
 ☐ Married filing separately (MFS)
 ☐ Head of household (HOH)
 ☐ Qualifying widow(er) (QW)

Check only one box.
 If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial FIRST M	Last name LAST	Your social security number 123-45-6789
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 1234 ANYWHERE ST		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). METRO CA 88888		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code
		If more than four dependents, see instructions and ✓ here <input type="checkbox"/>

Standard Deduction
Someone can claim:
☐ You as a dependent
☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness
You:
☐ Were born before January 2, 1955
☐ Are blind
 Spouse:
☐ Was born before January 2, 1955
☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Standard Deduction for—

- Single or Married filing separately, \$12,200
- Married filing jointly or Qualifying widow(er), \$24,400
- Head of household, \$18,350
- If you checked any box under **Standard Deduction**, see instructions

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	101,304.
2a Tax-exempt interest	2a	
3a Qualified dividends	3a	
4a IRA distributions	4a	
c Pensions and annuities	4c	
5a Social security benefits	5a	
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here	6	
7a Other income from Schedule 1, line 9	7a	-101,644.
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income	7b	0.
8a Adjustments to income from Schedule 1, line 22	8a	
b Subtract line 8a from line 7b. This is your adjusted gross income	8b	0.
9 Standard deduction or itemized deductions (from Schedule A)	9	20,294.
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	
11a Add lines 9 and 10	11a	20,294.
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	0.

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	12a	0.
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	0.
13a	Child tax credit or credit for other dependents	13a	
b	Add Schedule 3, line 7, and line 13a and enter the total	13b	
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	0.
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	0.
16	Add lines 14 and 15. This is your total tax	16	0.
17	Federal income tax withheld from Forms W-2 and 1099	17	12,153.

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

18	Other payments and refundable credits:	
a	Earned income credit (EIC) NO	18a
b	Additional child tax credit. Attach Schedule 8812	18b
c	American opportunity credit from Form 8863, line 8	18c
d	Schedule 3, line 14	18d
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e
19	Add lines 17 and 18e. These are your total payments	19

Refund

Direct deposit?
See instructions.

20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	12,153.
21a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	12,153.
b	Routing number 1 2 3 4 5 6 7 8 9	c	Type: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings
d	Account number 9 8 7 6 5 4 3 2 1 9 8		
22	Amount of line 20 you want applied to your 2020 estimated tax	22	

Amount You Owe

23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23	
24	Estimated tax penalty (see instructions)	24	

Third Party Designee

(Other than paid preparer)

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. ☐ Yes. Complete below. ☒ No

Designee's name	Phone no.	Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return?
See instructions.
Keep a copy for your records.

Your signature	Date	Your occupation SUPERVISOR	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date 05/11/2020	PTIN PO	Check if: <input checked="" type="checkbox"/> 3rd Party Designee <input checked="" type="checkbox"/> Self-employed
Firm's name	TAX SERVICE	Phone no. (818)	Firm's EIN	81 -

Go to www.irs.gov/Form1040 for instructions and the latest information.

BAA

REV 04/19/20 PRO

Form **1040** (2019)

SCHEDULE 1
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040 or 1040-SR.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2019
Attachment
Sequence No. **01**

Name(s) shown on Form 1040 or 1040-SR

FIRST M LAST

Your social security number
123-45-6789

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

☐ Yes ☒ No

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ DEMAND FOR LAWFUL MONEY PURSUANT TO 12 U.S.C 411	8	-101,644.
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	-101,644.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 8a	22	

For Paperwork Reduction Act Notice, see your tax return instructions.

REV 04/19/20 PRO

Schedule 1 (Form 1040 or 1040-SR) 2019

- Not a required statement - Use for import purposes
 ► Data will not transfer year to year if imported in prior year
 ► Keep for your records

Name(s) Shown on Return

FIRST M LAST

Your Social Security No.

123-45-6789**Ownership**

Owned by (check one):

☒ Taxpayer

 ☐ Spouse

 ☐ Joint
Statement Information

RECIPIENT'S/LENDER'S Name

Street address

City State ZIP code

Telephone number

RECIPIENT'S federal
identification numberPAYER'S social
security number
123-45-6789

PAYER'S/BORROWER'S name

FIRST M LAST

Street address

City State ZIP code
CA

7 The address above is the same as the address of
 the property securing the mortgage . . . ☐
 (If not, enter the property address in box 8)

9 If the property securing the mortgage has no address, provide a description of the property below

1

Account number

1 Mortgage interest received from payer(s)

8,419.

2 Outstanding mortgage principal

226,500.00

3 Mortgage origination date

11/18/2017

4 Refund of overpaid interest

5 Mortgage insurance premiums

1,875.36

6 Points paid on purchase of principal residence

8 Address of the property securing this mortgage
 (if different than your mailing address shown)

Street address

City State ZIP code
CA

10 Property tax


3,766.

11 Mortgage Acquisition Date

Mortgage Use**Note: For an office in home deduction, manually enter Form 1098 expenses on Form 8829.**

1 Mortgage was used to finance (check one):

- a ☒ Main home b ☐ Second home c ☐ Business activity
 d ☐ Rental activity e ☐ Farm activity f ☐ Farm rental activity
 g ☐ Royalty activity h ☐ Other

2 If mortgage used to finance a business, farm, rental
 activity, royalty activity, or farm rental, **double-click** to link
 to the activity . . . 

- a Schedule C, Business . . . _____
 b Schedule F, Farm . . . _____
 c Schedule E, Rental or Royalty . . . _____
 d Form 4835, Farm Rental . . . _____

Rental of Owner-Occupied or Vacation Home

1 If mortgage was used to finance a rental activity, was the rental an
 owner-occupied or a vacation home? . . . ☐ Yes ☐ No ☒ NA

2 If yes, complete lines 2a and 2b:

- a Mortgage interest qualifying for main or second home treatment . . . _____
 b Mortgage interest **not** qualifying for main or second home treatment . . . _____

Mortgage Insurance Premiums Information

1 Did your home loan close after December 31, 2006? . . . ☒ Yes ☐ No

2019 California Resident Income Tax Return**540**

APE

DO NOT ATTACH FEDERAL RETURN

123-45-6789

19

FIRST M LAST

ST

CA

12-03-1924

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

Filing Status

1 ☒ Single 4 ☐ Head of household (with qualifying person). See instructions.2 ☐ Married/RDP filing jointly. See inst. 5 ☐ Qualifying widow(er). Enter year spouse/RDP died. See instructions. 3 ☐ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here 6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst. ☐ 6► 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**

Exemptions

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 1 X \$122 = ☒ \$ 1228 **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 <input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name <input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN <input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you <input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total dependent exemptions ☒ 10 X \$378 = ☒ \$

Your name:

LAST, FIRST

Your SSN or ITIN:

123-45-6789

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32

11 \$

122

Taxable Income

12 State wages from your federal Form(s) W-2, box 16

12

101304

.00

13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 8b

13

0

.00

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

14

0

.00

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

15

0

.00

16 California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 23, column C.

16

0

.00

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

17

0

.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

16751

.00

19 Subtract line 18 from line 17. This is your taxable income.

If less than zero, enter -0-

19

0

.00

Tax

31 Tax. Check the box if from:



Tax Table



Tax Rate Schedule

•



FTB 3800

•



FTB 3803

31

0

.00

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$200,534, see instructions.

32

122

.00

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

33

0

.00

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

34

0

.00

35 Add line 33 and line 34

35

0

.00

Special Credits

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions

40

0

.00

43 Enter credit name code and amount

43

0

.00

44 Enter credit name code and amount

44

0

.00

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

45

0

.00

46 Nonrefundable renter's credit. See instructions

46

0

.00

47 Add line 40 through line 46. These are your total credits

47

0

.00

48 Subtract line 47 from line 35. If less than zero, enter -0-

48

0

.00

Your name: **LAST, FIRST** Your SSN or ITIN: **123-45-6789**

Other Taxes

61	Alternative minimum tax. Attach Schedule P (540)	● 61	<input type="text"/>	.00
62	Mental Health Services Tax. See instructions	● 62	<input type="text"/>	.00
63	Other taxes and credit recapture. See instructions	● 63	<input type="text"/>	.00
64	Add line 48, line 61, line 62, and line 63. This is your total tax	● 64	<input type="text" value="0"/>	.00

Payments

71	California income tax withheld. See instructions	● 71	<input type="text" value="4550"/>	.00
72	2019 CA estimated tax and other payments. See instructions	● 72	<input type="text"/>	.00
73	Withholding (Form 592-B and/or 593). See instructions	● 73	<input type="text"/>	.00
74	Excess SDI (or VPD) withheld. See instructions	● 74	<input type="text"/>	.00
75	Earned Income Tax Credit (EITC)	● 75	<input type="text"/>	.00
76	Young Child Tax Credit (YCTC). See instructions	● 76	<input type="text"/>	.00
77	Add lines 71 through 76. These are your total payments. See instructions	⊙ 77	<input type="text" value="4550"/>	.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	<input type="text" value="4550"/>	.00
93	Use Tax balance. If line 91 is more than line 77, subtract line 77 from line 91	⊙ 93	<input type="text"/>	.00
94	Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92	⊙ 94	<input type="text" value="4550"/>	.00
95	Amount of line 94 you want applied to your 2020 estimated tax	● 95	<input type="text" value="0"/>	.00
96	Overpaid tax available this year. Subtract line 95 from line 94	● 96	<input type="text" value="4550"/>	.00
97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64	⊙ 97	<input type="text"/>	.00

Your name:

LAST, FIRST

Your SSN or ITIN:

123-45-6789

Contributions

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

Smart Worksheets from your 2019 California Tax Return

SMART WORKSHEET FOR: Form 540: California Resident Income Tax Return

Form 540 California Income Tax Withheld Smart Worksheet	
A	California income tax withheld from the Tax Payments Worksheet 4,550.
B	Real estate and other withholding from Form(s) 592-B and 593 entered on the federal Tax Payments Worksheet and included on line A
Note: Make sure that the amount on line B is reported on the federal Tax Payments Worksheet line(s) 18a-c or you will not get the state income tax deduction on your federal Schedule A.	
C	California income tax withheld for line 71. Subtract line B from line A 4,550.

Your name:

LAST, FIRST

Your SSN or ITIN:

123-45-6789 L

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**Pay Online – Go to **ftb.ca.gov/pay** for more information.Amount
You Owe**112** Interest, late return penalties, and late payment penalties **112****113** Underpayment of estimated tax.Check the box: ● ☐ **FTB 5805 attached** ● ☐ **FTB 5805F attached** ● **113****114** Total amount due. See instructions. Enclose, but **do not** staple, any payment **114**Interest and
Penalties**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**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 ☐ Checking
987654321
● Type ☒ Savings

● Account number

19283746567890● **116** Direct deposit amount**4550**

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number ☐ Checking
☐ Savings

● Account number

● **117** Direct deposit amount

Refund and Direct Deposit

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**)**FIRST M. LAST**

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

TAX SERVICE

● PTIN

PB7451

Firm's address

CA

● Firm's FEIN

3040506070Do you want to allow another person to discuss this tax return with us? See instructions ● ☒ Yes ☐ No

Print Third Party Designee's Name

FIRST M. LAST

Telephone Number

(818)