

**2021 California Resident Income Tax Return****540**
☐ Check here if this is an AMENDED return. Fiscal year filers only: Enter month of year end: month \_\_\_\_\_ year 2022.

Your first name	Initial	Last name	Suffix	Your SSN or ITIN	<div style="border: 1px solid black; padding: 5px;">A</div> <div style="border: 1px solid black; padding: 5px;">R</div> <div style="border: 1px solid black; padding: 5px;">RP</div>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
If joint tax return, spouse's/RDP's first name	Initial	Last name	Suffix	Spouse's/RDP's SSN or ITIN	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Additional information (see instructions)				PBA code	
<input type="text"/>				<input type="text"/>	
Street address (number and street) or PO box			Apt. no/ste. no.	PMB/private mailbox	
<input type="text"/>			<input type="text"/>	<input type="text"/>	
City (If you have a foreign address, see instructions)			State	ZIP code	
<input type="text"/>			<input type="text"/>	<input type="text"/>	
Foreign country name		Foreign province/state/country		Foreign postal code	
<input type="text"/>		<input type="text"/>		<input type="text"/>	

<b>Date of Birth</b>	Your DOB (mm/dd/yyyy)	Spouse's/RDP's DOB (mm/dd/yyyy)
	<input type="text"/>	<input type="text"/>
<b>Prior Name</b>	Your prior name (see instructions)	Spouse's/RDP's prior name (see instructions)
	<input type="text"/>	<input type="text"/>

<b>Principal Residence</b>	Enter your county at time of filing (see instructions)	
	<input type="radio"/> <input type="text"/>	
	If your address above is the same as your principal/physical residence address at the time of filing, check this box . . . <input type="radio"/> <input type="checkbox"/>	
	If not, enter below your principal/physical residence address at the time of filing.	
	Street address (number and street) (If foreign address, see instructions.)	
<input type="radio"/> <input type="text"/>	Apt. no/ste. no.	<input type="radio"/> <input type="text"/>
<input type="radio"/> <input type="text"/>	City	State ZIP code
<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>

<b>Filing Status</b>	If your California filing status is different from your federal filing status, check the box here . . . . . <input type="checkbox"/>	
	1 <input type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). See instructions.
	2 <input type="checkbox"/> Married/RDP filing jointly. See inst.	5 <input type="checkbox"/> Qualifying widow(er). Enter year spouse/RDP died. <input type="text"/>
	See instructions. <input type="text"/>	
	3 <input type="checkbox"/> Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here. <input type="text"/>	
6 <input type="checkbox"/> If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst . . . . . <input type="radio"/> 6 <input type="checkbox"/>		

<b>Exemptions</b>	▶ 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. <b>Whole dollars only</b>	
	7 <b>Personal:</b> 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. <input type="radio"/> 7 <input type="checkbox"/>	X \$129 = <input type="radio"/> \$ <input type="text"/>
	8 <b>Blind:</b> If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. . . . . <input type="radio"/> 8 <input type="checkbox"/>	X \$129 = <input type="radio"/> \$ <input type="text"/>
	9 <b>Senior:</b> If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. . . . . <input type="radio"/> 9 <input type="checkbox"/>	X \$129 = <input type="radio"/> \$ <input type="text"/>

Your name:

Your SSN or ITIN:

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

Exemptions

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN. See instructions.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total dependent exemptions ..... ● 10  X \$400 = ● \$ **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 11 ..... ● 13  .00

**14** California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, 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 27, 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. .... \$4,803  
 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . \$9,606  
 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 \$212,288, 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

Your name:

Your SSN or ITIN:

## Special Credits

- 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

## 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 Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions. . . . . ● 64  .00
- 65 Add line 48, line 61, line 62, line 63, and line 64. This is your total tax . . . . . ● 65  .00

## Payments

- 71 California income tax withheld. See instructions . . . . . ● 71  .00
- 72 2021 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 VPD) withheld. See instructions . . . . . ● 74  .00
- 75 Earned Income Tax Credit (EITC) . . . . . ● 75  .00
- 76 Young Child Tax Credit (YCTC). See instructions . . . . . ● 76  .00
- 77 Net Premium Assistance Subsidy (PAS). See instructions . . . . . ● 77  .00
- 78 Add line 71 through line 77. These are your total payments.  
See instructions . . . . . ● 78  .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.

## ISR Penalty

- 92 If you and your household had full-year health care coverage, check the box.  
See instructions. Medicare Part A or C coverage is qualifying health care coverage. . . . . ● ☐
- If you did not check the box, see instructions.
- Individual Shared Responsibility (ISR) Penalty. See instructions . . . . . ● 92  .00

## Overpaid Tax/Tax Due

- 93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 . . . . . ● 93  .00
- 94 **Use Tax balance.** If line 91 is more than line 78, subtract line 78 from line 91 . . . . . ● 94  .00
- 95 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92,  
subtract line 92 from line 93. . . . . ● 95  .00
- 96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then  
subtract line 93 from line 92. . . . . ● 96  .00

Your name:

Your SSN or ITIN:

Overpaid Tax/Tax Due

- 97** Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95. ☒ **97**  .00
- 98** Amount of line 97 you want applied to your **2022** estimated tax ☐ **98**  .00
- 99** Overpaid tax available this year. Subtract line 98 from line 97 ☐ **99**  .00
- 100** Tax due. If line 95 is less than line 65, subtract line 95 from line 65 ☒ **100**  .00

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 Voluntary Tax Contribution Fund. ☐ **406**  .00
- Emergency Food for Families Voluntary Tax Contribution Fund ☐ **407**  .00
- California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund. ☐ **408**  .00
- California Sea Otter Voluntary Tax Contribution Fund ☐ **410**  .00
- California Cancer Research Voluntary Tax Contribution Fund ☐ **413**  .00
- School Supplies for Homeless Children Voluntary Tax Contribution 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
- Schools Not Prisons Voluntary Tax Contribution Fund ☐ **443**  .00
- Suicide Prevention Voluntary Tax Contribution Fund ☐ **444**  .00
- Mental Health Crisis Prevention Voluntary Tax Contribution Fund. ☐ **445**  .00
- California Community and Neighborhood Tree Voluntary Tax Contribution Fund ☐ **446**  .00
- 110** Add code 400 through code 446. 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 99, add line 94, line 96, line 100, 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. .00Interest 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 line 110, line 112 and line 113 from line 99. 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

● Account number

● **116** Direct deposit amount☐ Savings .00

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

● Routing number

● Type

☐ Checking

● Account number

● **117** Direct deposit amount☐ Savings .00**IMPORTANT:** See the instructions to find out if you should attach a copy of your complete federal tax return.Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

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)

● Your email address. Enter only one email address.

● Preferred phone number

**Sign  
Here**It is unlawful  
to forge a  
spouse's/  
RDP's  
signature.Joint tax  
return?  
(See  
instructions)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