

# File by Mail Instructions for your 2010 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



ef test2  
123 main  
vista, ca 92084

|  |  |    |           |
|--|--|----|-----------|
| <b>Balance Due/Refund</b>              | Your federal tax return (Form 1040A) shows you owe a balance due of \$6,350.00.<br><br>You are paying by check.  |    |           |
| <b>What You Need to Mail</b>           | Your tax return - The official return for mailing is included in this printout. Remember to sign and date the return.<br><br>Your payment - Mail a check or money order for \$6,350.00, payable to "United States Treasury". Write your Social Security number and "2010 Form 1040A" on the check. Mail the return and check together.<br><br>Mail your return and payment to:<br>Department of the Treasury<br>Internal Revenue Service Center<br>Fresno, CA 93888-0115<br><br>Deadline: Postmarked by Monday, April 18, 2011<br><br>Note: Your state return may be due on a different date. Please review your state filing instructions.<br><br>Don't forget correct postage on the envelope. |    |           |
| <b>What You Need to Keep</b>           | Keep these instructions and a copy of your return for your records.  |    |           |
| <b>2010 Federal Tax Return Summary</b> | Adjusted Gross Income  | \$ | 50,000.00 |
|  | Taxable Income   | \$ | 40,650.00 |
|  | Total Tax  | \$ | 6,350.00  |
|  | Payment Due  | \$ | 6,350.00  |
|  | Effective Tax Rate   |    | 12.70%    |

To pay your taxes due by check, mail this form to the address listed below.

Form **1040-V** (2010)

▼ **Detach Here and Mail With Your Payment and Return** ▼

Department of the Treasury  
Internal Revenue Service (99)

**2010**

## Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the 'United States Treasury.'
- ▶ Write your social security number (SSN) on your check or money order.

|   |        |
|---|--------|
| Enter the amount<br>of your payment . . . . ▶ | 6,350. |
|---|--------|

FDIA8601 06/22/10 1030

EF TEST2

123 MAIN  
VISTA CA 92084

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
FRESNO CA 93888-0115

517010231 SW TEST 30 0 201012 610

Form **1040A** **U.S. Individual Income Tax Return** (99) **2010**

IRS Use Only — Do not write or staple in this space.

**Label**  
(See instructions.)**Use the  
IRS label.**  
Otherwise,  
please print  
or type.

|  |                           |  |
|--|---------------------------|--|
| Your first name and initial<br><b>ef</b>   | Last name<br><b>test2</b> | OMB No. 1545-0074  |
| If a joint return, spouse's first name and initial<br><b>ef</b>                                |                           | Your social security number<br><b>517-01-0231</b>            |
| Last name<br><b>test2</b>  |                           | Spouse's social security number<br><b>517-01-0231</b>        |
| Home address (number and street). If you have a P.O. box, see instructions.<br><b>123 main</b> |                           | Make sure the SSN(s)<br>above and on line 6c<br>are correct. |
| Apartment no.<br><b>vista</b>  |                           |  |
| City, town or post office. If you have a foreign address, see instructions.<br><b>ca</b>       |                           | State ZIP code<br><b>92084</b>                               |

**Presidential  
Election  
Campaign**▶ Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions) . . . . ▶ ☐ **You** ☐ **Spouse****Filing  
status**

- 1 ☒ **Single** 4 ☐ **Head of household** (with qualifying person). (See instructions.)  
 2 ☐ **Married filing jointly** (even if only one had income) If the qualifying person is a child but not your dependent,  
 3 ☐ **Married filing separately**. Enter spouse's SSN above and enter this child's name here ▶ \_\_\_\_\_  
 full name here ▶ \_\_\_\_\_ 5 ☐ **Qualifying widow(er) with dependent child**  
 (see instructions)

Check only  
one box.**Exemptions**6a ☒ **Yourself**. If someone can claim you as a dependent, **do not** check box 6a. . . . .b ☐ **Spouse** . . . . .**c Dependents:**

(1) First name Last name

(2) Dependent's  
social security  
number(3) Dependent's  
relationship  
to you(4) ☒ if  
qualifying  
child for  
child tax  
creditNo. of children  
on 6c who:  
• lived  
with you . . . .• did not  
live with  
you due to  
divorce or  
separation (see  
instructions) . .Dependents  
on 6c not  
entered above . .d Total number of exemptions claimed . . . . . Add numbers  
on lines above ▶ **1****Income**Attach Form(s)  
W-2 here. Also  
attach Form(s)  
1099-R if tax  
was withheld.

- 7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . . **7**  
 8a **Taxable interest**. Attach Schedule B if required . . . . . **8a** 50,000.  
 b **Tax-exempt interest**. **Do not** include on line 8a. . . . . **8b**  
 9a **Ordinary dividends**. Attach Schedule B if required . . . . . **9a**  
 b **Qualified dividends** (see instructions). . . . . **9b**  
 10 Capital gain distributions (see instructions). . . . . **10**  
 11a **IRA distributions** . . . . . **11a** **11b Taxable amount** . . . . . **11b**  
 12a **Pensions and annuities** . . . . . **12a** **12b Taxable amount** . . . . . **12b**  
 13 **Unemployment compensation and Alaska Permanent Fund dividends**  
 (see instructions). . . . . **13**

If you did not  
get a W-2,  
see instructions.Enclose, but  
do not attach,  
any payment.  
Also, please  
use **Form 1040-V**.

- 14a **Social security  
benefits** . . . . . **14a** **14b Taxable amount** . . . . . **14b**  
 15 Add lines 7 through 14b (far right column). This is your **total income**. . . . . ▶ **15** 50,000.

**Adjusted  
gross  
income**

- 16 **RESERVED** . . . . . **16**  
 17 **IRA deduction** (see instructions) . . . . . **17**  
 18 **Student loan interest deduction** (see instructions) . . . . . **18**  
 19 **RESERVED** . . . . . **19**  
 20 Add lines 16 through 19. These are your **total adjustments** . . . . . **20**  
 21 Subtract line 20 from line 15. This is your **adjusted gross income**. . . . . ▶ **21** 50,000.

**BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.****Form 1040A (2010)**

**Tax, credits,  
and  
payments**

**22** Enter the amount from line 21 (adjusted gross income) . . . . . **22** 50,000.

**23 a** Check ☐ You were born before January 2, 1946, ☐ Blind ☐ Total boxes checked ☐ **23 a** ☐

if: ☐ Spouse was born before January 2, 1946, ☐ Blind

**b** If you are married filing separately and your spouse itemizes deductions, see instructions and check here . . . . . **23 b** ☐

**24** Enter your **standard deduction** (see instructions) . . . . . **24** 5,700.

**25** Subtract line 24 from line 22. If line 24 is more than line 22, enter -0- . . . . . **25** 44,300.

**26** **Exemptions.** Multiply \$3,650 by the number on line 6d. . . . . **26** 3,650.

**27** Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your **taxable income** . . . . . **27** 40,650.

**28** **Tax**, including any alternative minimum tax (see instructions). . . . . **28** 6,350.

**29** Credit for child and dependent care expenses. Attach Form 2441 . . . . . **29**

**30** Credit for the elderly or the disabled. Attach Schedule R . . . . . **30**

**31** Education credits from Form 8863, line 23 . . . . . **31**

**32** Retirement savings contributions credit. Attach Form 8880 . . . . . **32**

**33** Child tax credit (see instructions). . . . . **33**

**34** Add lines 29 through 33. These are your **total credits** . . . . . **34**

**35** Subtract line 34 from line 28. If line 34 is more than line 28, enter -0- . . . . . **35** 6,350.

**36** Advance earned income credit payments from Form(s) W-2, box 9 . . . . . **36**

**37** Add lines 35 and 36. This is your **total tax** . . . . . **37** 6,350.

**38** Federal income tax withheld from Forms W-2 and 1099 . . . . . **38**

**39** 2010 estimated tax payments and amount applied from 2009 return . . . . . **39**

If you have a qualifying child, attach Schedule EIC.

**40** Making work pay credit. Attach Schedule M . . . . . **40** 0.

**41 a** **Earned income credit (EIC).** . . . . . **41 a**

**b** Nontaxable combat pay election. **41 b**

**42** Additional child tax credit. Attach Form 8812 . . . . . **42**

**43** Refundable education credit from Form 8863, line 14 . . . . . **43**

**44** Add lines 38, 39, 40, 41a, 42, and 43. These are your **total payments** . . . . . **44** 0.

**45** If line 44 is more than line 37, subtract line 37 from line 44. This is the amount you **overpaid**. . . . . **45**

**Refund**

Direct deposit?  
See instructions  
and fill in 46b,  
46c, and 46d or  
Form 8888.

**46 a** Amount of line 45 you want **refunded to you**. If Form 8888 is attached, check here . . . . . **46 a**

**b** Routing number . . . . . XXXXXXXXXX **c** Type: ☐ Checking ☐ Savings

**d** Account number . . . . . XXXXXXXXXXXXXXXXXXXX

**47** Amount of line 45 you want **applied to your 2011 estimated tax** . . . . . **47**

**Amount  
you owe**

**48** **Amount you owe.** Subtract line 44 from line 37. For details on how to pay, see instructions . . . . . **48** 6,350.

**49** Estimated tax penalty (see instructions) . . . . . **49**

**Third party  
designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? . . . . . ☐ Yes. Complete the following. ☒ No

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

**Sign  
here**

Joint return?  
See instructions.

Keep a copy  
for your records.

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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

| Your signature  | Date                 | Your occupation     | Daytime phone number |
|---|----------------------|---------------------|----------------------|
| <input type="text"/>  | <input type="text"/> | retired             | <input type="text"/> |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date                 | Spouse's occupation | <input type="text"/> |

**Paid  
preparer's  
use only**

| Preparer's signature   | Date                           | Check if self-employed <input type="checkbox"/> | PTIN <input type="text"/> |
|--|--------------------------------|---|---------------------------|
| <input type="text"/>   | <input type="text"/>           |   |                           |
| Firm's name (or yours if self-employed), address, and ZIP code | <input type="text"/>           |   |                           |
|  | EIN <input type="text"/>       |   |                           |
|  | Phone no. <input type="text"/> |   |                           |

**SCHEDULE B**  
**(Form 1040A or 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Interest and Ordinary Dividends**

► **Attach to Form 1040A or 1040.**

► **See Instructions.**

OMB No. 1545-0074

**2010**

Attachment  
Sequence No. **08**

Name(s) shown on return

ef test2

Your social security number

517-01-0231

**Part I**  
**Interest**

(See  
instructions for  
Form 1040A,  
or Form 1040,  
line 8a.)

**Note.** If you  
received a Form  
1099-INT, Form  
1099-OID, or  
substitute statement  
from a brokerage  
firm, list the firm's  
name as the payer  
and enter the total  
interest shown on  
that form.

- 1** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address . . . . . ►

test

**Amount**

50,000.00

**1**

- 2** Add the amounts on line 1 . . . . . **2** 50,000.00

- 3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 . . . . . **3**

- 4** Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a. . . . . ► **4** 50,000.00

**Note.** If line 4 is over \$1,500, you must complete Part III.

**Amount**

**Part II**  
**Ordinary Dividends**

(See  
instructions for  
Form 1040A, or  
Form 1040,  
line 9a.)

**Note.** If you  
received a Form  
1099-DIV or  
substitute statement  
from a brokerage  
firm, list the firm's  
name as the payer  
and enter the  
ordinary dividends  
shown on that form.

- 5** List name of payer . . . . . ►

**5**

- 6** Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a . . . . . ► **6**

**Note.** If line 6 is over \$1,500, you must complete Part III.

**Part III**  
**Foreign Accounts and Trusts**

(See  
instructions.)

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

**Yes**

**No**

- 7 a** At any time during 2010, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See instructions for exceptions and filing requirements for Form TD F 90-22.1 . . . . .

X

- b** If 'Yes,' enter the name of the foreign country. . . . . ►

- 8** During 2010, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If 'Yes,' you may have to file Form 3520. See instructions. . . . .

X

# File by Mail Instructions for your 2010 California Tax Return

Important: Your taxes are not finished until all required steps are completed.



ef test2  
123 main  
vista, ca 92084

|   |  |                |    |           |           |    |          |             |    |          |                    |  |      |
|---|--|----------------|----|-----------|-----------|----|----------|-------------|----|----------|--------------------|--|------|
| <b>Balance Due/Refund</b>                 | <p>Your California state tax return (Form 540) shows you owe a balance due of \$2,260.00.</p> <p>You are paying by check.</p>  |                |    |           |           |    |          |             |    |          |                    |  |      |
| <b>What You Need to Mail</b>              | <p>Your tax return - The official return for mailing is included in this printout. Remember to sign and date the return.</p> <p>Your payment - Mail a check or money order for \$2,260.00, payable to "Franchise Tax Board". Write your Social Security number and "2010 Form 540" on the check. Mail the return and check together, but do not staple or attach the check to the return.</p> <p>Attach the following to your California tax return:</p> <ul style="list-style-type: none"><li>- any Form(s) W-2, W-2G, 592-B, 593, and 1099s that have California withholding you may have received to the front of your return.</li></ul> <p>Mail your return, attachments and payment to:</p> <p>Franchise Tax Board<br/>PO Box 942867<br/>Sacramento, CA 94267-0009</p> <p>Deadline: Postmarked by April 15, 2011</p> <p>Don't forget correct postage on the envelope.</p> |                |    |           |           |    |          |             |    |          |                    |  |      |
| <b>What You Need to Keep</b>              | <p>Keep these instructions and a copy of your return for your records.</p>   |                |    |           |           |    |          |             |    |          |                    |  |      |
| <b>2010 California Tax Return Summary</b> | <table><tr><td>Taxable Income</td><td>\$</td><td>46,330.00</td></tr><tr><td>Total Tax</td><td>\$</td><td>2,260.00</td></tr><tr><td>Payment Due</td><td>\$</td><td>2,260.00</td></tr><tr><td>Effective Tax Rate</td><td></td><td>8.3%</td></tr></table>   | Taxable Income | \$ | 46,330.00 | Total Tax | \$ | 2,260.00 | Payment Due | \$ | 2,260.00 | Effective Tax Rate |  | 8.3% |
| Taxable Income                            | \$   | 46,330.00      |    |           |           |    |          |             |    |          |                    |  |      |
| Total Tax                                 | \$   | 2,260.00       |    |           |           |    |          |             |    |          |                    |  |      |
| Payment Due                               | \$   | 2,260.00       |    |           |           |    |          |             |    |          |                    |  |      |
| Effective Tax Rate                        |  | 8.3%           |    |           |           |    |          |             |    |          |                    |  |      |
| <b>Special Formatting</b>                 | <p>Your printed state tax forms may have special formatting on them, such as bar codes or other symbols. This is to enable fast processing. Don't worry, these forms have been approved by your taxing authority and are acceptable for printing and mailing.</p>  |                |    |           |           |    |          |             |    |          |                    |  |      |

Voucher at bottom of page.

IF AMOUNT OF PAYMENT IS ZERO, DO NOT MAIL THIS VOUCHER.

**WHERE TO FILE:** Using black or blue ink, make check or money order payable to the 'Franchise Tax Board.' Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and '2010 Form 540-V' on the check or money order. Detach the voucher below. Enclose, but **do not** staple, your payment and Form 540-V with your computer-generated Form 540 return and mail to:

**FRANCHISE TAX BOARD  
PO BOX 942867  
SACRAMENTO CA 94267-0009**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

**WHEN TO FILE:** **Calendar Year – File and Pay by April 15, 2011\*.**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day. \*Due to the federal Emancipation Day holiday on April 15, 2011, tax returns and payments received on April 18, 2011 will be considered timely.

**PAY ONLINE:** Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov** and search for **payment options**. **Do not mail this voucher if you use Web Pay.**

DETACH HERE

IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER

DETACH HERE

TAXABLE YEAR **Payment Voucher for**  
**2010 540 Returns**

CALIFORNIA FORM  
**540-V**

517-01-0231 TEST  
EF TEST

10

123 MAIN APT  
VISTA CA 92084

Amount of payment 2260.

**California Resident  
Income Tax Return 2010**

FORM

**540** C1 Side 1

APE

DO NOT ATTACH FEDERAL RETURN

517-01-0231 TEST  
EF TEST

10

P  
AC  
A  
R  
RP123 MAIN  
VISTA

CA 92084 APT

01-01-1985

|    |       |     |      |     |      |          |   |
|----|-------|-----|------|-----|------|----------|---|
| 01 | 1     | 72  | 0    | 408 | 0    | APE      | 0 |
| 06 | 0     | 73  | 0    | 410 | 0    | FS       | 0 |
| 09 | 0     | 74  | 0    | 413 | 0    | 3800     | 0 |
| 10 | 0     | 75  | 0    | 415 | 0    | 3803     | 0 |
| 12 | 0     | 76  | 0    | 416 | 0    | SCHG1    | 0 |
| 14 | 0     | 77  | 0    | 417 | 0    | 5870A    | 0 |
| 16 | 0     | 78  | 0    | 418 | 0    | 5805     | 0 |
| 17 | 50000 | 91  | 0    | 110 | 0    | DESIGNEE | 0 |
| 18 | 3670  | 92  | 0    | 111 | 2260 | TPID     |   |
| 31 | 2137  | 93  | 0    | 112 | 0    | FN       |   |
| 34 | 0     | 94  | 2038 | 113 | 0    |          |   |
| 41 | 0     | 95  | 222  | 115 | 0    |          |   |
| 42 | 0     | 400 | 0    | 116 | 0    |          |   |
| 43 | 0     | 401 | 0    | 117 | 0    |          |   |
| 44 | 0     | 402 | 0    |     |      |          |   |
| 45 | 0     | 403 | 0    |     |      |          |   |
| 46 | 0     | 404 | 0    |     |      |          |   |
| 61 | 0     | 405 | 0    |     |      |          |   |
| 62 | 0     | 406 | 0    |     |      |          |   |
| 63 | 0     | 407 | 0    |     |      |          |   |
| 64 | 2038  |     |      |     |      |          |   |
| 71 | 0     |     |      |     |      |          |   |

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.

► Your signature \_\_\_\_\_ Spouse's/RDP's signature (if a joint return, both must sign) \_\_\_\_\_

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

Daytime phone number (optional) (858) 555-1212 Date \_\_\_\_\_

Your email address (optional). Enter only one. \_\_\_\_\_

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) \_\_\_\_\_ ● Paid Preparer's SSN/PTIN

SELF PREPARED \_\_\_\_\_ ● FEIN

Firm's name (or yours if self-employed) \_\_\_\_\_ Firm's address \_\_\_\_\_

Do you want to allow another person to discuss this return with us (see instructions)? ☐ Yes ☒ No

Print Third Party Designee's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

051

3101106



|   |   |  |   |
|---|---|--|---|
| <b>Filing Status</b>  | 1   | <input checked="" type="checkbox"/> Single   |   |
|   | 2   | <input type="checkbox"/> Married/RDP filing jointly. (see instructions)  |   |
|   | 3   | <input type="checkbox"/> Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here. . . . .   |   |
|   | 4   | <input type="checkbox"/> Head of household (with qualifying person). (see instructions)  |   |
|   | 5   | <input type="checkbox"/> Qualifying widow(er) with dependent child. Enter year spouse/RDP died . . . . .   |   |
| If your California filing status is different from your federal filing status, check the box here . . . . . |   |  | <input type="checkbox"/>                          |
|   | 6   | If someone can claim you (or your spouse/RDP) as a dependent, check the box here (see instructions) . . . . .  | <input type="checkbox"/> 6                        |
| <b>Exemptions</b>   | 7   | <b>Personal:</b> If you checked 1, 3, or 4 above, enter 1 in the box. If you checked 2 or 5, enter 2 in the box. If you checked the box on line 6, see the instructions . . . . .              | 7 <input type="text" value="1"/> x \$99 = \$ 99 . |
|   | 8   | <b>Blind:</b> If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 . . . . .   | 8 <input type="text"/> x \$99 = \$                |
|   | 9   | <b>Senior:</b> If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 . . . . .  | 9 <input type="text"/> x \$99 = \$                |
|   | 10  | <b>Dependents:</b> Enter name and relationship. <b>Do not include yourself or your spouse/RDP.</b>   |   |
|   |   | Total dependent exemptions . . . . .   | 10 <input type="text"/> x \$99 = \$               |
|   | 11  | <b>Exemption amount:</b> Add line 7 through line 10. Transfer this amount to line 32 . . . . .   | 11 \$ 99 .  |
| <b>Taxable Income</b>   | 12  | State wages from your Form(s) W-2, box 16. . . . .   | 12 50,000 .                                       |
|   | 13  | Enter federal adjusted gross income from Form 1040, line 37; Form 1040A, line 21; Form 1040EZ, line 4 . . . . .  | 13 50,000 .                                       |
|   | 14  | California adjustments — subtractions. Enter the amount from Schedule CA (540), line 37, column B . . . . .  | 14 50,000 .                                       |
|   | 15  | Subtract line 14 from line 13. If less than zero, enter the result in parentheses (see instructions) . . . . .   | 15 50,000 .                                       |
|   | 16  | California adjustments — additions. Enter the amount from Schedule CA (540), line 37, column C. . . . .  | 16 50,000 .                                       |
|   | 17  | California adjusted gross income. Combine line 15 and line 16 . . . . .  | 17 3,670 .  |
|   | 18  | Enter the larger of your CA <b>standard deduction</b> OR your CA <b>itemized deductions</b> . . . . .  | 18 46,330 .                                       |
|   | 19  | Subtract line 18 from line 17. This is your <b>taxable income</b> . If less than zero, enter -0- . . . . .   | 19 2,137 .  |
| <b>Tax</b>  | 31  | Tax. Check box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803 . . . . . | 31 99 .   |
|   | 32  | Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$162,186 (see instrs) . . . . .  | 32 2,038 .  |
|   | 33  | Subtract line 32 from line 31. If less than zero, enter -0- . . . . .  | 33 2,038 .  |
|   | 34  | Tax. (see instructions) Check box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> Form FTB 5870A . . . . .   | 34 2,038 .  |
|   | 35  | Add line 33 and line 34 . . . . .  | 35 2,038 .  |
| <b>Special Credits</b>  | 41  | New jobs credit, amount generated (see instructions) . . . . .   | 41  |
|   | 42  | New jobs credit, amount claimed (see instructions) . . . . .   | 42  |
|   | 43  | Credit <input type="text"/> Code <input type="text"/> amount . . . . .   | 43  |
|   | 44  | Credit <input type="text"/> Code <input type="text"/> amount . . . . .   | 44  |
|   | 45  | To claim more than two credits (see instructions) . . . . .  | 45  |
|   | 46  | Nonrefundable renter's credit (see instructions) . . . . .   | 46  |
|   | 47  | Add line 42 through line 46. These are your total credits . . . . .  | 47  |
|   | 48  | Subtract line 47 from line 35. If less than zero, enter -0- . . . . .  | 48 2,038 .  |
| <b>Other Taxes</b>  | 61  | Alternative minimum tax. Attach Schedule P (540). . . . .  | 61 0 .  |
|   | 62  | Mental Health Services Tax (see instructions) . . . . .  | 62  |
|   | 63  | Other taxes and credit recapture (see instructions) . . . . .  | 63  |
|   | 64  | Add line 48, line 61, line 62, and line 63. This is your total tax . . . . .   | 64 2,038 .  |
| <b>Payments</b>   | 71  | California income tax withheld (see instructions). . . . .   | 71  |
|   | 72  | 2010 CA estimated tax and other payments (see instructions) . . . . .  | 72  |
|   | 73  | Real estate and other withholding (see instructions) . . . . .   | 73  |
|   | 74  | Excess SDI (or VPD) withheld (see instructions) . . . . .  | 74  |
|   | <b>Child and Dependent Care Expenses Credit</b> (see instructions). Attach form FTB 3506. |  |   |
|   | 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  |
|   | 78  | Child and Dependent Care Expenses Credit from form FTB 3506, Part III, line 12 . . . . .   | 78  |
|   | 79  | Add line 71, line 72, line 73, line 74, and line 78. These are your total payments (see instructions) . . . . .  | 79  |
| <b>Overpaid Tax/ Tax Due</b>  | 91  | Overpaid tax. If line 79 is more than line 64, subtract line 64 from line 79 . . . . .   | 91  |
|   | 92  | Amount of line 91 you want applied to your <b>2011</b> estimated tax . . . . .   | 92  |
|   | 93  | Overpaid tax available this year. Subtract line 92 from line 91 . . . . .  | 93  |
|   | 94  | Tax due. If line 79 is less than line 64, subtract line 79 from line 64 . . . . .  | 94 2,038 .  |
| <b>Use Tax</b>  | 95  | Use Tax. <b>This is not a total line</b> (see instructions) . . . . .  | 95 222 . 00                                       |

|                      |   | Code   | Amount |
|----------------------|---|--|--------|
| <b>Contributions</b> | California Seniors Special Fund . . . . .                               | ● 400  |        |
|                      | Alzheimer's Disease/Related Disorders Fund . . . . .                    | ● 401  |        |
|                      | California Fund for Senior Citizens . . . . .                           | ● 402  |        |
|                      | Rare and Endangered Species Preservation Program . . . . .              | ● 403  |        |
|                      | State Children's Trust Fund for the Prevention of Child Abuse . . . . . | ● 404  |        |
|                      | California Breast Cancer Research Fund . . . . .                        | ● 405  |        |
|                      | California Firefighters' Memorial Fund . . . . .                        | ● 406  |        |
|                      | Emergency Food For Families Fund . . . . .                              | ● 407  |        |
|                      | California Peace Officer Memorial Foundation Fund . . . . .             | ● 408  |        |
|                      | California Sea Otter Fund . . . . .                                     | ● 410  |        |
|                      | California Cancer Research Fund . . . . .                               | ● 413  |        |
|                      | Arts Council Fund . . . . .   | ● 415  |        |
|                      | California Police Activities League (CALPAL) Fund . . . . .             | ● 416  |        |
|                      | California Veterans Homes Fund . . . . .                                | ● 417  |        |
|                      | Safely Surrendered Baby Fund . . . . .                                  | ● 418  |        |
|                      | 110   | Add code 400 through code 418. This is your total contribution . . . . . | ● 110  |

|                               |     |  |       |       |        |
|-------------------------------|-----|--|-------|-------|--------|
| <b>Amount You Owe</b>         | 111 | <b>AMOUNT YOU OWE.</b> Add line 94, line 95, and line 110 (see instructions). Mail to:<br><b>FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0009</b><br>Pay online — Go to <a href="http://ftb.ca.gov">ftb.ca.gov</a> and search for <b>web pay</b> . . . . . |       | ● 111 | 2,260. |
|                               | 112 | Interest, late return penalties, and late payment penalties . . . . .  | 112   |       |        |
| <b>Interest and Penalties</b> | 113 | Underpayment of estimated tax. Check box: <input type="checkbox"/> FTB 5805 attached <input type="checkbox"/> FTB 5805F attached . . . . .   | ● 113 |       |        |
|                               | 114 | Total amount due (see instructions). Enclose, but <b>do not</b> staple, any payment . . . . .  | 114   |       | 2,260. |

|                                   |   |  |                             |  |  |                                   |                                  |  |  |  |                  |        |                  |                             |  |                                   |                                  |  |  |  |                  |        |                  |                             |
|-----------------------------------|---|--|-----------------------------|--|--|-----------------------------------|----------------------------------|--|--|--|------------------|--------|------------------|-----------------------------|--|-----------------------------------|----------------------------------|--|--|--|------------------|--------|------------------|-----------------------------|
| <b>Refund and Direct Deposit</b>  | 115   | <b>REFUND OR NO AMOUNT DUE.</b> Subtract line 95 and line 110 from line 93 (see instructions). Mail to:<br><b>FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0009</b> . . . . . ● 115 |                             |  |  |                                   |                                  |  |  |  |                  |        |                  |                             |  |                                   |                                  |  |  |  |                  |        |                  |                             |
|                                   | Fill in the information to authorize direct deposit of your refund into one or two accounts. <b>Do not</b> attach a voided check or a deposit slip (see instructions).<br><b>Have you verified the routing and account numbers?</b> Use whole dollars only.<br>All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:   |  |                             |  |  |                                   |                                  |  |  |  |                  |        |                  |                             |  |                                   |                                  |  |  |  |                  |        |                  |                             |
|                                   | <table><tbody><tr><td><input type="checkbox"/> Checking</td><td><input type="checkbox"/> Savings</td><td></td><td></td><td></td></tr><tr><td>● Routing number</td><td>● Type</td><td>● Account number</td><td colspan="2">● 116 Direct deposit amount</td></tr></tbody></table><br>The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:<br><table><tbody><tr><td><input type="checkbox"/> Checking</td><td><input type="checkbox"/> Savings</td><td></td><td></td><td></td></tr><tr><td>● Routing number</td><td>● Type</td><td>● Account number</td><td colspan="2">● 117 Direct deposit amount</td></tr></tbody></table> |  |                             |  |  | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings |  |  |  | ● Routing number | ● Type | ● Account number | ● 116 Direct deposit amount |  | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings |  |  |  | ● Routing number | ● Type | ● Account number | ● 117 Direct deposit amount |
| <input type="checkbox"/> Checking | <input type="checkbox"/> Savings  |  |                             |  |  |                                   |                                  |  |  |  |                  |        |                  |                             |  |                                   |                                  |  |  |  |                  |        |                  |                             |
| ● Routing number                  | ● Type  | ● Account number   | ● 116 Direct deposit amount |  |  |                                   |                                  |  |  |  |                  |        |                  |                             |  |                                   |                                  |  |  |  |                  |        |                  |                             |
| <input type="checkbox"/> Checking | <input type="checkbox"/> Savings  |  |                             |  |  |                                   |                                  |  |  |  |                  |        |                  |                             |  |                                   |                                  |  |  |  |                  |        |                  |                             |
| ● Routing number                  | ● Type  | ● Account number   | ● 117 Direct deposit amount |  |  |                                   |                                  |  |  |  |                  |        |                  |                             |  |                                   |                                  |  |  |  |                  |        |                  |                             |