

2016 California Resident Income Tax Return

540

Fiscal year filers only: Enter month of year end: month _____ year 2017.

Your first name Ber	Initial	Last name	Suffix	Your SSN or ITIN
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If joint tax return, spouse's/RDP's first name	Initial	Last name	Suffix	Spouse's/RDP's SSN or ITIN
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Additional information (see instructions)

	PBA code
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Street address (number and street) or PO box	Apt. no/ste. no.	PMB/private mailbox
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City (If you have a foreign address, see instructions)	State CA	ZIP code
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Foreign country name	Foreign province/state/county	Foreign postal code
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Your DOB (mm/dd/yyyy)	Spouse's/RDP's DOB (mm/dd/yyyy)
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If you filed your 2015 tax return under a different last name, write the last name only from the 2015 tax return.

Taxpayer	Spouse/RDP
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1 <input checked="" 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) with dependent child. Enter year spouse/RDP died
3 <input type="checkbox"/> Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here	

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

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

► For line 7, line 8, line 9, and line 10: Multiply the amount 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 \$111 = \$ 111

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 8 X \$111 = \$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 9 X \$111 = \$

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

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

Total dependent exemptions 10 X \$344 = \$

11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32. 11 \$ 111

Your name: Ber [redacted]

Your SSN or ITIN: [redacted]

12 State wages from your Form(s) W-2, box 16. ● **12** [] 0.00

13 Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4. ● **13** [] 0.00

14 California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, 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), line 37, column C. ● **16** [] .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), line 44; **OR**
 Your California **standard deduction** shown below for your filing status:
 • Single or Married/RDP filing separately. \$4,129
 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$8,258
 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions ● **18** [] 4,129.00

19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- ● **19** [] 0.00

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 \$182,459, see instructions ● **32** [] .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** [] .00

35 Add line 33 and line 34 ● **35** [] 0.00

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** [] 0.00

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** [] 0.00

Your name:

Your SSN or ITIN:

Payments	71	California income tax withheld. See instructions	● 71	<input type="text" value="1,161"/>	<input type="text" value="00"/>
	72	2016 CA estimated tax and other payments. See instructions	● 72	<input type="text" value="0"/>	<input type="text" value="00"/>
	73	Withholding (Form 592-B and/or 593). See instructions	● 73	<input type="text" value="0"/>	<input type="text" value="00"/>
	74	Excess SDI (or VPDI) withheld. See instructions	● 74	<input type="text" value="381"/>	<input type="text" value="00"/>
	75	Earned Income Tax Credit (EITC)	● 75	<input type="text" value="0"/>	<input type="text" value="00"/>
	76	Add lines 71 through 75. These are your total payments. See instructions	⊙ 76	<input type="text" value="1,542"/>	<input type="text" value="00"/>

Use Tax	91	Use Tax. See instructions	● 91	<input type="text" value="0"/>	<input type="text" value="00"/>
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Overpaid Tax Due	92	Payments balance. If line 76 is more than line 91, subtract line 91 from line 76	⊙ 92	<input type="text" value="1,542"/>	<input type="text" value="00"/>
	93	Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91	⊙ 93	<input type="text" value=""/>	<input type="text" value="00"/>
	94	Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92	⊙ 94	<input type="text" value="1,161"/>	<input type="text" value="00"/>
	95	Amount of line 94 you want applied to your 2017 estimated tax	● 95	<input type="text" value="0"/>	<input type="text" value="00"/>
	96	Overpaid tax available this year. Subtract line 95 from line 94	● 96	<input type="text" value="1,161"/>	<input type="text" value="00"/>
	97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64	⊙ 97	<input type="text" value="0"/>	<input type="text" value="00"/>

This space reserved for 2D barcode

This space reserved for 2D barcode

Your name: Ben [REDACTED]

Your SSN or ITIN: [REDACTED]

Contributions

	Code	Amount
California Seniors Special Fund. See instructions	● 400	0.00
Alzheimer's Disease/Related Disorders Fund	● 401	0.00
Rare and Endangered Species Preservation Program	● 403	0.00
California Breast Cancer Research Fund	● 405	0.00
California Firefighters' Memorial Fund	● 406	0.00
Emergency Food for Families Fund	● 407	0.00
California Peace Officer Memorial Foundation Fund	● 408	0.00
California Sea Otter Fund	● 410	0.00
California Cancer Research Fund	● 413	0.00
RESERVED (DO NOT USE)		
School Supplies for Homeless Children Fund	● 422	0.00
State Parks Protection Fund/Parks Pass Purchase	● 423	0.00
Protect Our Coast and Oceans Fund	● 424	0.00
Keep Arts in Schools Fund	● 425	0.00
State Children's Trust Fund for the Prevention of Child Abuse	● 430	0.00
Prevention of Animal Homelessness and Cruelty Fund	● 431	0.00
Revive the Salton Sea Fund	● 432	0.00
California Domestic Violence Victims Fund	● 433	0.00
Special Olympics Fund	● 434	0.00
Type 1 Diabetes Research Fund	● 435	0.00
110 Add code 400 through code 435. This is your total contribution	110	0.00

Your name: Ben [redacted]

Your SSN or ITIN: [redacted]

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 [] 0 [] .00

Pay online – Go to ftb.ca.gov for more information.

112 Interest, late return penalties, and late payment penalties

112 [] 0 [] .00

113 Underpayment of estimated tax. Check the box: ● **FTB 5805 attached** ● **FTB 5805F attached** ● 113

[] 0 [] .00

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

114 [] 0 [] .00

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

Mail to: **FRANCHISE TAX BOARD**

PO BOX 942840

SACRAMENTO CA 94240-0001

● 115 [] 1 1 6 1 [] .00

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:

● Type

● Routing number

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:

● Type

● Routing number

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.

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 and search for **privacy notice**. 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)

[]

0 4 1 3 2 0 1 7

[]

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

[]

● 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

[]

Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040, 1040A, 1040-EZ, or 1040X.

▶ Information about Form 4852 is available at www.irs.gov/form4852.

1 Name(s) shown on return
Ben [REDACTED]

2 Your social security number
[REDACTED]

3 Address
[REDACTED]

4 Enter year in space provided and check one box. For the tax year ending December 31, 2016,
I have been unable to obtain (or have received an incorrect) Form W-2 OR Form 1099-R.
I hereby notify the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.

5 Employer's or payer's name, address, and ZIP code
Comcast (CC) of Willow Grove
One Comcast Center
Philadelphia PA 19103-2838

6 Employer's or payer's identification number (if known)
232084784

7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.

a Wages, tips, and other compensation	0	f State income tax withheld	1161.46
b Social security wages	0	(Name of state)	California
c Medicare wages and tips	0	g Local income tax withheld	0
d Social security tips	0	(Name of locality)	
e Federal income tax withheld	4876.38	h Social security tax withheld	2626.83
		i Medicare tax withheld	614.34

8 Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.

a Gross distribution	[REDACTED]	f Federal income tax withheld	[REDACTED]
b Taxable amount	[REDACTED]	g State income tax withheld	[REDACTED]
c Taxable amount not determined	<input type="checkbox"/>	h Local income tax withheld	[REDACTED]
d Total distribution	[REDACTED]	i Employee contributions	[REDACTED]
e Capital gain (included in line 8b)	[REDACTED]	j Distribution codes	[REDACTED]

9 How did you determine the amounts on lines 7 and 8 above?
Records provided by the payer listed on line 5

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.
None

General Instructions

Section references are to the Internal Revenue Code.

Future developments. The IRS has created a page on IRS.gov for information about Form 4852, at www.irs.gov/form4852. Information about any future developments affecting Form 4852 (such as legislation enacted after we release it) will be posted on that page.

Purpose of form. Form 4852 serves as a substitute for Forms W-2, W-2c, and 1099-R and is completed by you or your representatives when (a) your employer or payer does not issue you a Form W-2 or Form 1099-R or (b) an employer or payer has issued an incorrect Form W-2 or Form 1099-R. Attach this form to the back of your income tax return, before any supporting forms or schedules.

You should always attempt to get Form W-2, Form W-2c, or Form 1099-R from your employer or payer before contacting the IRS or filing Form 4852. If you do not receive the missing or corrected form from your employer or payer by February 14, you may call the IRS at 1-800-829-1040 for assistance. You must provide your name, address (including ZIP code), phone number, social security number, and dates of employment, and your employer's or payer's name, address (including ZIP code), and phone number. The IRS will contact your employer or payer and request the missing form. The IRS also will send you a Form 4852. If you do not receive the missing form in sufficient time to file your income tax return timely, you may use the Form 4852 that the IRS sent you.

If you received an incorrect Form W-2 or Form 1099-R, you should always attempt to have your employer or payer issue a corrected form before filing Form 4852.

Note. Retain a copy of Form 4852 for your records. To help protect your social security benefits, keep a copy of Form 4852 until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. After September 30 following the date shown on line 4, you may use a my Social Security online account to verify wages reported by your employers. Please visit www.ssa.gov/myaccount. Or, you may contact your local SSA office to verify wages reported by your employer.

Will I need to amend my return? If you receive a Form W-2, Form W-2c, or Form 1099-R after your return is filed with Form 4852, and the information differs from the information reported on your return, you must amend your return by filing Form 1040X, Amended U.S. Individual Income Tax Return.

Penalties. The IRS will challenge the claims of individuals who attempt to avoid or evade their federal tax liability by using Form 4852 in a manner other than as prescribed. Potential penalties for the improper use of Form 4852 include:

- Accuracy-related penalties equal to 20 percent of the amount of taxes that should have been paid,
- Civil fraud penalties equal to 75 percent of the amount of taxes that should have been paid, and