

~ Incorrect return -

For Privacy Notice, get form FTB 1131.

FORM

California Resident Income Tax Return 2007

540 2EZ C1 Side 1

Your first name
Eugene
If joint return, spouse's/RDP's first name

Initial Last name
E **Duffy Jr.**
Initial Last name

Place
label here
or print

Name
and
Address

Address (including number and street, PO Box, or PMS no.)

Apt. no./Ste. no.

City
Encino

State ZIP Code

CA 91316

SSN or
ITIN

Your SSN or ITIN

Spouse's/RDP's SSN or ITIN

IMPORTANT:
Your SSN or ITIN
is required.

Prior
Name

If you filed your 2006 tax return under a different last name, write the last name only from the 2006 tax return.

• Taxpayer

• Spouse/RDP

Filing Status

Filing Status. Fill in the circle for your filing status. See instructions, page 6.

Fill in only one.

1 ☒ Single

2 Married/RDP filing jointly (even if only one spouse/RDP had income)

4 Head of household. STOP! See instructions, page 6.

5 Qualifying widow(er) with dependent child. Year spouse/RDP died _____

If your California filing status is different from your federal filing status, fill in the circle here •

Exemptions

6 If another person can claim you (or your spouse/RDP) as a dependent on his or her tax return, even if he or she chooses not to, you **must** see the instructions, page 6 • 6

7 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 • 7

Dependent
Exemptions

8 Number of dependents. Enter name and relationship (Do not include yourself or your spouse/RDP). ... • 8

Taxable
Income and
Credits

9 Total wages (federal Form W-2, box 16 or CA Sch W-2, line 3).

Whole dollars only

See instructions, page 7 • 9

37480.00

10 Total interest income (Form 1099-INT, box 1). See instructions, page 7 • 10

0.00

11 Total dividend income (Form 1099-DIV, box 1). See instructions, page 7 • 11

0.00

12 Total pensions _____ See instructions, page 7. Taxable amount. • 12

0.00

13 Total capital gains distributions from mutual funds (Form 1099-DIV, box 2a).
See instructions, page 7 • 13

0.00

Enclose, but do
not staple, any
payment.

14 Unemployment compensation 14 **0.00**

15 U.S. social security or railroad retirement ... 15 **0.00**

Attach a copy
of your Form(s)
W-2 or complete
CA Sch W-2.

16 Add line 9, line 10, line 11, line 12, and line 13. Do not include
line 14 and line 15. • 16

37480.00

17 Using the 2EZ Table for your filing status, enter the tax for the amount on line 16. 17
Caution: If you filled in the circle on line 6, **STOP**. See instructions, page 7,
Dependent Tax Worksheet.

1043.00

18 Senior Exemption: See instructions, page 7. If you are 65 and entered 1 in the
box on line 7, enter \$94. If you entered 2 in the box on line 7, enter \$188. 18

0.00

19 Nonrefundable renter's credit. See instructions, page 7 • 19

0.00

20 Credits. Add line 18 and line 19 20

0.00

21 Tax. Subtract line 20 from line 17. If zero or less, enter -0- • 21

1043.00

3111073

- Incorrect return -

Your name: _____ Your SSN or ITIN: _____

Overpaid Tax/Tax Due

22 Total tax withheld (federal Form W-2, box 17 or CA Sch W-2, box 17 and/or Form 1099-R, box 10) 22 **996.00**

23 Overpaid tax. If line 22 is more than line 21, subtract line 21 from line 22. 23 **- .00**

24 Tax due. If line 22 is less than line 21, subtract line 22 from line 21. See instructions, page 8. 24 **47.00**

Use Tax

25 Use tax. This is not a total line. See instructions, page 8. 25 **0.00**

Voluntary Contributions

	Code	Amount
California Seniors Special Fund. See instructions, page 11	50	00
Alzheimer's Disease/Related Disorders Fund	51	00
California Fund for Senior Citizens	52	00
Rare and Endangered Species Preservation Program	53	00
State Children's Trust Fund for the Prevention of Child Abuse	54	00
California Breast Cancer Research Fund	55	00
California Firefighters' Memorial Fund	56	00
Emergency Food Assistance Program Fund	57	00
California Peace Officer Memorial Foundation Fund	58	00
California Military Family Relief Fund	59	00
California Sea Otter Fund	60	00

26 Add line 50 through line 60. These are your total contributions 26 **0.00**

Amount You Owe

27 **AMOUNT YOU OWE.** Add line 24, line 25, and line 26. If line 23 is less than line 25 and line 26, enter the difference here. See instructions, page 9 (**Do Not Send Cash**). Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** 27 **47.00**

Direct Deposit (Refund Only)

28 **REFUND OR NO AMOUNT DUE.** Subtract line 25 and line 26 from line 23. See instructions, page 10. Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002** 28 **.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. Have you verified the routing and account numbers? **Use whole dollars only.**

All or the following amount of my refund (line 28) is authorized for direct deposit into the account shown below:

☐ Checking
☐ Savings

• Routing number • Type • Account number • 29 Direct Deposit Amount **.00**

The remaining amount of my refund (line 28) is authorized for direct deposit into the account shown below:

☐ Checking
☐ Savings

• Routing number • Type • Account number • 30 Direct Deposit Amount **.00**

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the information on this return is true, correct, and complete.

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Joint return? See instructions, page 10.

Your signature

Spouse's/RDP's signature (if filing jointly, both must sign)

Daytime phone number (optional)

X

X

Date

4-15-08

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)

FEIN

Firm's address

July 2, 2010

Franchise Tax Board
PO Box 942840
Sacramento, CA 94240-0002

Re: Corrected California 2007 and 2008 returns.
SSN: [REDACTED]

To Whom It May Concern:

In becoming educated on the meaning of "income" as defined in the IRS code, and who is exactly liable, enclosed are two Form 4852's for 2007 and 2008 correcting my 2007 and 2008 California returns along with copies of the initial returns and the corrected 2007 and 2008 California 540 2EZ's. I am filing this claim for a refund within the prescribed three year period as permitted by law.

Please be advised that no monies were ever received by me from any federal agency in connection with the performance of the functions of public office, or otherwise constituted gains, profit or income, within the meaning of relevant law. In other words, I have never been privileged to receive "wages" or "income", as defined in the IRS code, either directly or indirectly, for work performed for any federal government agency.

Therefore, a refund of \$2138. (In 2007- \$996 withheld by the state of California plus \$47 erroneously paid in. In 2008- \$1088 withheld by the state of California plus \$7 erroneously paid in for a total of \$2138) is due and owing

Under penalties of perjury, I declare and certify that to the best of my knowledge and belief my statements in this letter are true, correct and complete.

Sincerely,

[REDACTED]

Eugene E. Duffy ✓

Enclosures: 2007 and 2008 returns

- Corrected Return -

For Privacy Notice, get form FTB 1131.

California Resident Income Tax Return 2007

FORM

540 2EZ C1 Side 1

Your first name
Eugene
If joint return, spouse's/RDP's first name

Initial Last name
E **Duffy Jr.**
Initial Last name

Place
label here
or print

Name
and
Address

Address (including number and street, PO Box, or PMB no.)

Apt. no./Ste. no.

City
Jim Thorpe,

State ZIP Code
PA 18229

SSN or
ITIN

Your SSN or ITIN

Spouse's/RDP's SSN or ITIN

IMPORTANT:

Your SSN or ITIN
is required.

Prior
Name

If you filed your 2006 tax return under a different last name, write the last name only from the 2006 tax return.

• Taxpayer

• Spouse/RDP

Filing Status

Filing Status. Fill in the circle for your filing status. See instructions, page 6.

Fill in only one.

- 1 ☒ Single
2 Married/RDP filing jointly (even if only one spouse/RDP had income)
4 Head of household. STOP! See instructions, page 6.
5 Qualifying widow(er) with dependent child. Year spouse/RDP died _____.

If your California filing status is different from your federal filing status, fill in the circle here •

Exemptions

- 6 If another person can claim you (or your spouse/RDP) as a dependent on his or her tax return,
even if he or she chooses not to, you **must** see the instructions, page 6 • 6
7 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 • 7
8 Number of dependents. Enter name and relationship (**Do not include yourself or your spouse/RDP**). ... • 8

Dependent
Exemptions

Taxable
Income and
Credits

- 9 Total wages (federal Form W-2, box 16 or CA Sch W-2, line 3).
See instructions, page 7 • 9 Whole dollars only **0.00**
10 Total interest income (Form 1099-INT, box 1). See instructions, page 7 • 10 **0.00**
11 Total dividend income (Form 1099-DIV, box 1). See instructions, page 7 • 11 **0.00**
12 Total pensions _____ See instructions, page 7. Taxable amount. • 12 **0.00**
13 Total capital gains distributions from mutual funds (Form 1099-DIV, box 2a).
See instructions, page 7 • 13 **0.00**
14 Unemployment compensation 14 **0.00**
15 U.S. social security or railroad retirement ... 15 **0.00**
16 Add line 9, line 10, line 11, line 12, and line 13. **Do not include**
line 14 and line 15. • 16 **0.00**
17 Using the 2EZ Table for your filing status, enter the tax for the amount on line 16. 17
Caution: If you filled in the circle on line 6, **STOP**. See instructions, page 7,
Dependent Tax Worksheet. **0.00**
18 Senior Exemption: See instructions, page 7. If you are 65 and entered 1 in the
box on line 7, enter \$94. If you entered 2 in the box on line 7, enter \$188. 18 **0.00**
19 Nonrefundable renter's credit. See instructions, page 7 • 19 **0.00**
20 Credits. Add line 18 and line 19 20 **0.00**
21 Tax. Subtract line 20 from line 17. If zero or less, enter -0- • 21 **0.00**

Enclose, but do
not staple, any
payment.

Attach a copy
of your Form(s)
W-2 or complete
CA Sch W-2.

Correct Return

Your name: Eugene E. Duffy Jr. Your SSN or ITIN: [REDACTED]Overpaid
Tax/ Tax Due22 Total tax withheld (federal Form W-2, box 17 or CA Sch W-2, box 17
and/or Form 1099-R, box 10) 22

996.00

23 Overpaid tax. If line 22 is more than line 21, subtract line 21 from line 22. 23

996.00

24 Tax due. If line 22 is less than line 21, subtract line 22 from line 21.
See instructions, page 8. 24

.00

Use Tax

25 Use tax. This is not a total line.
See instructions, page 8. 25

.00

Voluntary Contributions

Code	Amount
50	California Seniors Special Fund. See instructions, page 11
51	Alzheimer's Disease/Related Disorders Fund
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53	Rare and Endangered Species Preservation Program
54	State Children's Trust Fund for the Prevention of Child Abuse
55	California Breast Cancer Research Fund
56	California Firefighters' Memorial Fund
57	Emergency Food Assistance Program Fund
58	California Peace Officer Memorial Foundation Fund
59	California Military Family Relief Fund
60	California Sea Otter Fund

26 Add line 50 through line 60. These are your total contributions 26

0.00

Amount
You Owe27 AMOUNT YOU OWE. Add line 24, line 25, and line 26. If line 23 is less than line 25 and
line 26, enter the difference here. See instructions, page 9 (Do Not Send Cash). Mail to:
FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001. 27

0.00

Direct
Deposit
(Refund
Only)Pay Online - Go to our Website at www.ftb.ca.gov and search for Web Pay
28 REFUND OR NO AMOUNT DUE. Subtract line 25 and line 26 from line 23. See
instructions, page 10. Mail to: FRANCHISE TAX BOARD, PO BOX 942840,
SACRAMENTO CA 94240-0002 28

996.00

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. Have you verified the routing and
account numbers? Use whole dollars only.

All or the following amount of my refund (line 28) is authorized for direct deposit into the
account shown below:

	<input type="checkbox"/> Checking		
	<input type="checkbox"/> Savings		
• Routing number	• Type	• Account number	• 29 Direct Deposit Amount

.00

The remaining amount of my refund (line 28) is authorized for direct deposit into the
account shown below:

	<input type="checkbox"/> Checking		
	<input type="checkbox"/> Savings		
• Routing number	• Type	• Account number	• 30 Direct Deposit Amount

.00

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the information on this return is true, correct, and
complete.

Sign Here

It is unlawful
to forge a
spouse's/RDP's
signature.

Joint return?
See instructions,
page 10.

Your signature E E Duffy Jr

Spouse's/RDP's signature (if filing jointly, both must sign)

Daytime phone number (optional)

X

X

Date 7-1-10

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)

FEIN

Firm's address

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.

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

OMB No. 1545-0074

1 Type or print your first name and middle initial. <u>Eugene E.</u>		Last name <u>Duffy</u>		2 Social security number (SSN) <u>[REDACTED]</u>	
3 Address <u>[REDACTED] Jim Thorpe, PA 18229</u>					
4 Enter year in space provided and check one box. For the tax year ending December 31, <u>2007</u> , I have been unable to obtain (or have received an incorrect) <input checked="" type="checkbox"/> Form W-2 OR <input type="checkbox"/> Form 1099-R. <u>hereby verify</u> 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 <u>[REDACTED] Deli, Inc., [REDACTED] Studio City, CA 91604</u>				6 Employer's or payer's identification number (if known) <u>[REDACTED]</u>	
7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.					
a Wages, tips, and other compensation <u>0.</u>		g State income tax withheld <u>995.62</u>		(Name of state) <u>CA</u>	
b Social security wages		h Local income tax withheld		(Name of locality) _____	
c Medicare wages and tips		i Social security tax withheld <u>2323.71</u>			
d Advance EIC payment		j Medicare tax withheld <u>543.44</u>			
e Social security tips					
f Federal income tax withheld <u>3841.17</u>					
8 Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.					
a Gross distribution		f Federal income tax withheld			
b Taxable amount		g State income tax withheld			
c Taxable amount not determined <input type="checkbox"/>		h Local income tax withheld			
d Total distribution <input type="checkbox"/>		i Employee contributions			
e Capital gain (included in 8b)		j Distribution codes			
9 How did you determine the amounts on lines 7 and 8 above? <u>Various sections of The IRC and records provided by payer listed on line 5.</u>					
10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement. <u>None</u>					

Sign Here

Under penalties of perjury, I declare that I have examined this statement, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature ▶ [REDACTED]

Date ▶ 7-1-10