

2014 California Resident Income Tax Return**540**

Fiscal year filers only: Enter month of year end: month _____ year 2015.

Your first name Gary	Initial D	Last name [REDACTED]	Suffix [REDACTED]	Your SSN or ITIN [REDACTED]
If joint tax return, spouse's/RDP's first name Connie	Initial R	Last name [REDACTED]	Suffix [REDACTED]	Spouse's/RDP's SSN or ITIN [REDACTED]
Additional information (See instructions)				PBA Code
Street address (Number and street) or PO Box 8878 Continental Dr.				Apt. no./Ste. no. / PMB/Private Mailbox
City (If you have a foreign address, see instructions) Riverside				State / ZIP Code CA 92504
Foreign Country Name		Foreign Province/State/County		Foreign Postal Code

Date of Birth	Your DOB (mm/dd/yyyy)	Spouse's/RDP's DOB (mm/dd/yyyy)
	01051956	11051958
Prior Name	If you filed your 2013 tax return under a different last name, write the last name only from the 2013 tax return.	
	Taxpayer	Spouse/RDP
	[REDACTED]	[REDACTED]

Filing Status	1 <input type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). See instructions.
	2 <input checked="" type="checkbox"/> Married/RDP filing jointly. See inst.	5 <input type="checkbox"/> Qualifying widow(er) with dependent child. Enter year spouse/RDP died [REDACTED]
	3 <input type="checkbox"/> Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here [REDACTED]	

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	2	X \$108 =	\$	216
8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2	8		X \$108 =	\$	
9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2	9		X \$108 =	\$	

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

First name	Last name	Dependent's relationship to you
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

Total dependent exemptions **10** ☐ X \$333 = \$ **216**11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 **11** \$ **216**

Your name:

Your SSN or ITIN:

Taxable Income

- 12 State wages from your Form(s) W-2, box 16 ● 12 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 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), line 37, 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), line 44; **OR**
 Your California **standard deduction** shown below for your filing status:
 • Single or Married/RDP filing separately \$3,992
 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$7,984
 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions

}

 ● 18 7,984 00
 ● 19 (7,984) 00
- 19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- ● 19

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 \$176,413, see instructions ● 32 216 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 and line 43 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:

Your SSN or ITIN:

Other Taxes

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

Payments

- | | | | | |
|----|---|------|------------------------------------|---------------------------------|
| 71 | California income tax withheld. See instructions | ● 71 | <input type="text" value="5,154"/> | <input type="text" value="00"/> |
| 72 | 2014 CA estimated tax and other payments. See instructions | ● 72 | <input type="text" value="0"/> | <input type="text" value="00"/> |
| 73 | Real estate and other withholding. See instructions | ● 73 | <input type="text" value="0"/> | <input type="text" value="00"/> |
| 74 | Excess SDI (or VPI) withheld. See instructions | ● 74 | <input type="text" value="0"/> | <input type="text" value="00"/> |
| 75 | Add line 71, line 72, line 73, and line 74. These are your total payments. See instructions | ⊙ 75 | <input type="text" value="5,154"/> | <input type="text" value="00"/> |

Overpaid Tax
Tax Due

- | | | | | |
|----|--|------|------------------------------------|---------------------------------|
| 91 | Overpaid tax. If line 75 is more than line 64, subtract line 64 from line 75. | ⊙ 91 | <input type="text" value="5,154"/> | <input type="text" value="00"/> |
| 92 | Amount of line 91 you want applied to your 2015 estimated tax | ● 92 | <input type="text" value="0"/> | <input type="text" value="00"/> |
| 93 | Overpaid tax available this year. Subtract line 92 from line 91 | ● 93 | <input type="text" value="5,154"/> | <input type="text" value="00"/> |
| 94 | Tax due. If line 75 is less than line 64, subtract line 75 from line 64. | ⊙ 94 | <input type="text" value="0"/> | <input type="text" value="00"/> |

This space reserved for 2D barcode

This space reserved for 2D barcode

Your name:

Your SSN or ITIN:

Use
Tax

95 Use Tax. This is not a total line. See instructions ● 95

Code Amount

California Seniors Special Fund. See instructions.	● 400	<input type="text"/>	<input type="text"/>	<input type="text"/>
Alzheimer's Disease/Related Disorders Fund	● 401	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rare and Endangered Species Preservation Program.	● 403	<input type="text"/>	<input type="text"/>	<input type="text"/>
California Breast Cancer Research Fund	● 405	<input type="text"/>	<input type="text"/>	<input type="text"/>
California Firefighters' Memorial Fund	● 406	<input type="text"/>	<input type="text"/>	<input type="text"/>
Emergency Food for Families Fund.	● 407	<input type="text"/>	<input type="text"/>	<input type="text"/>
California Peace Officer Memorial Foundation Fund	● 408	<input type="text"/>	<input type="text"/>	<input type="text"/>
California Sea Otter Fund	● 410	<input type="text"/>	<input type="text"/>	<input type="text"/>
California Cancer Research Fund	● 413	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child Victims of Human Trafficking Fund	● 419	<input type="text"/>	<input type="text"/>	<input type="text"/>
School Supplies for Homeless Children Fund.	● 422	<input type="text"/>	<input type="text"/>	<input type="text"/>
State Parks Protection Fund/Parks Pass Purchase	● 423	<input type="text"/>	<input type="text"/>	<input type="text"/>
Protect Our Coast and Oceans Fund.	● 424	<input type="text"/>	<input type="text"/>	<input type="text"/>
Keep Arts in Schools Fund	● 425	<input type="text"/>	<input type="text"/>	<input type="text"/>
American Red Cross, California Chapters Fund	● 426	<input type="text"/>	<input type="text"/>	<input type="text"/>
California Senior Legislature Fund	● 427	<input type="text"/>	<input type="text"/>	<input type="text"/>
Habitat for Humanity Fund	● 428	<input type="text"/>	<input type="text"/>	<input type="text"/>
California Sexual Violence Victim Services Fund	● 429	<input type="text"/>	<input type="text"/>	<input type="text"/>
110 Add code 400 through code 429. This is your total contribution	● 110	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your name:

Your SSN or ITIN:

111 AMOUNT YOU OWE. Add line 94, line 95, and line 110. See instructions. **Do not send cash.**Mail to: **FRANCHISE TAX BOARD****PO BOX 942867****SACRAMENTO CA 94267-0001**Pay online - Go to ftb.ca.gov for more information.Amount
You Owe

● 111 0.00

Interest and
Penalties**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****115 REFUND OR NO AMOUNT DUE.** Subtract line 95 and line 110 from line 93. See instructions.Mail to: **FRANCHISE TAX BOARD****PO BOX 942840****SACRAMENTO CA 94240-0001**

● 115 5 1 5 4.00

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:

● Type

● Routing number

☐ Checking

● Account number

● 116 Direct deposit amount

☐ Savings

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**IMPORTANT:** See the instructions to find out if you should attach a copy of your complete federal tax return.

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)

X

X

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

Daytime phone number (optional)

**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

● 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

Form **4852**

(Rev. September 2014)

Department of the Treasury
Internal Revenue Service**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.

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

OMB No. 1545-0074

1 Name(s) shown on return Gary D. [REDACTED]	2 Your social security number [REDACTED]																								
3 Address 8878 Continental Dr.																									
4 Enter year in space provided and check one box. For the tax year ending December 31, <u>2014</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. I have notified 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 Rohr Inc 9 Farm Springs RD.541-82 Farmington CT 06032	6 Employer's or payer's identification number (if known) 95-1607455																								
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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.**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

Form **4852**

(Rev. September 2014)

Department of the Treasury
Internal Revenue Service**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.

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5 Employer's or payer's name, address, and ZIP code SOCIAL PERMANENTE MEDICAL GROUP 393 E WALNUT PASADENA CA 91188	6 Employer's or payer's identification number (if known) 95-1750445																								
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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.**General Instructions**

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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.

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