

California Resident Income Tax Return 2013**540** C1 Side 1

Fiscal year filers only: Enter month of year end: month _____ year 2014.

Your first name Robert		Initial []	Last name Shaffron	Your SSN or ITIN [REDACTED]	A B C D E F G H I J K L M N O P Q R S T U V W X Y Z
If joint tax return, spouse's/RDP's first name [REDACTED]		Initial []	Last name [REDACTED]	Spouse's/RDP's SSN or ITIN [REDACTED]	
Additional information (See instructions) 4934					
Street address (Number and street or PO Box) 4934 Niagara Ave			Apt. no./Ste. no. [REDACTED]	PMB/Private Mailbox [REDACTED]	RP
City (If you have a foreign address, see instructions) San Diego			State Ca	ZIP Code 92107	
Foreign Country Name [REDACTED]		Foreign Province/State/County [REDACTED]		Foreign Postal Code [REDACTED]	

Date of Birth	Your DOB (mm/dd/yyyy) • 02021953	Spouse's/RDP's DOB (mm/dd/yyyy) • [REDACTED]
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Prior Name	If you filed your 2012 tax return under a different last name, write the last name only from the 2012 tax return.	
	Taxpayer • [REDACTED]	Spouse/RDP • [REDACTED]

Filing Status	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 [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. ☐ 6

► 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	<input type="checkbox"/> X \$106 = \$ [REDACTED]
8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 8	<input type="checkbox"/> X \$106 = \$ [REDACTED]
9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 9	<input type="checkbox"/> X \$106 = \$ [REDACTED]

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

Exemptions	First name	Last name	Dependent's relationship to you
	<input type="radio"/> [REDACTED]	<input type="radio"/> [REDACTED]	<input type="radio"/> [REDACTED]
	<input type="radio"/> [REDACTED]	<input type="radio"/> [REDACTED]	<input type="radio"/> [REDACTED]
	<input type="radio"/> [REDACTED]	<input type="radio"/> [REDACTED]	<input type="radio"/> [REDACTED]
	<input type="radio"/> [REDACTED]	<input type="radio"/> [REDACTED]	<input type="radio"/> [REDACTED]

Total dependent exemptions ☐ 10 X \$326 = \$ **[REDACTED]**11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 ☒ 11 \$ **0**

Your name: **Robert Shaffron**

Your SSN or ITIN: **[REDACTED]**

Taxable Income

- 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 .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 \$3,906
 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$7,812
 If 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 \$172,615, 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
- 41 New jobs credit, amount generated. See instructions 41 .00
- 42 New jobs credit, amount claimed. See instructions 42 .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 and line 42 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

Your name:

Your SSN or ITIN:

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 Add line 48, line 61, line 62, and line 63. This is your total tax ● 64 .00

Payments

- 71 California income tax withheld. See instructions ● 71 .00
- 72 2013 CA estimated tax and other payments. See instructions ● 72 .00
- 73 Real estate and other withholding. See instructions ● 73 .00
- 74 Excess SDI (or VPD) withheld. See instructions ● 74 .00
- 75 Add line 71, line 72, line 73, and line 74. These are your total payments. See instructions ● 75 .00

Overpaid Tax/
Tax Due

- 91 Overpaid tax. If line 75 is more than line 64, subtract line 64 from line 75. ● 91 .00
- 92 Amount of line 91 you want applied to your 2014 estimated tax ● 92 .00
- 93 Overpaid tax available this year. Subtract line 92 from line 91 ● 93 .00
- 94 Tax due. If line 75 is less than line 64, subtract line 75 from line 64. ● 94 .00

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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

▶ 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

Robert Shafron

2 Your social security number

~~XXXXXXXXXX~~

3 Address

751 32nd Ave San Francisco, Ca

4 Enter year in space provided and check one box. For the tax year ending December 31, 2013.

I have been unable to obtain (or have received an incorrect) ☐ Form W-2 OR ☐ 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

Cupertino Electric Inc, 1132 North Seventh St, San Jose, Ca

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

94-1403967

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

a Wages, tips, and other compensation

-0-

b Social security wages

-0-

c Medicare wages and tips

-0-

d Advance EIC payment

-0-

e Social security tips

-0-

f Federal income tax withheld

1312.66

g State income tax withheld

(Name of state) California

h Local income tax withheld

(Name of locality)

i Social security tax withheld

380.74

j Medicare tax withheld

89.05

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

a Gross distribution

b Taxable amount

c Taxable amount not determined

d Total distribution

e Capital gain (included in line 8b)

f Federal income tax withheld

g State income tax withheld

h Local income tax withheld

i Employee contributions

j Distribution codes

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

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 ▶

Date ▶

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

Robert Shaffron

2 Your social security number

[REDACTED]

3 Address

751 32nd Ave San Francisco, Ca 94121

4 Enter year in space provided and check one box. For the tax year ending December 31, 2013.

I have been unable to obtain (or have received an incorrect) ☐ Form W-2 OR ☐ 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

Freeman Decorating Svcs Inc, PO Box 660613, Dallas, TX

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

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

a Wages, tips, and other compensation

-0-

g State income tax withheld

1.16

b Social security wages

-0-

(Name of state)

c Medicare wages and tips

-0-

h Local income tax withheld

1.16

d Advance EIC payment

-0-

(Name of locality)

e Social security tips

-0-

i Social security tax withheld

24.70

f Federal income tax withheld

22.34

j Medicare tax withheld

5.78

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

b Taxable amount

[REDACTED]

g State income tax withheld

c Taxable amount not determined

☐

h Local income tax withheld

d Total distribution

☐

i Employee contributions

e Capital gain (included in line 8b)

[REDACTED]

j Distribution codes

9 How did you determine the amounts on lines 7 and 8 above?

Records provided by 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

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 ▶

Robert Shaffron

Date ▶

4852**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 <i>Robert Shaffron</i>		2 Your social security number <i>[REDACTED]</i>	
3 Address <i>751 32nd Ave, San Francisco, Ca</i>			
4 Enter year in space provided and check one box. For the tax year ending December 31, _____, I have been unable to obtain (or have received an incorrect) <input 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 <i>Alight Electric 263 Crown Circle So San Francisco Ca</i>		6 Employer's or payer's identification number (if known) <i>94-3153280</i>	
7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.			
a Wages, tips, and other compensation	<i>-0-</i>	g State income tax withheld	<i>1167.78</i>
b Social security wages	<i>-0-</i>	(Name of state)	<i>California</i>
c Medicare wages and tips	<i>-0-</i>	h Local income tax withheld	
d Advance EIC payment	<i>-0-</i>	(Name of locality)	
e Social security tips	<i>-0-</i>	i Social security tax withheld	<i>1037.54</i>
f Federal income tax withheld	<i>3248.40</i>	Medicare tax withheld	<i>242.65</i>
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 line 8b)		j Distribution codes	

9 How did you determine the amounts on lines 7 and 8 above?

Records provided by 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*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.

Robert Shaffron