

California Resident Income Tax Return 1998

FORM
540A

Step 1

Place label here or print

Name and Address

Your first name	Initial	Last name	Do Not Write In These Spaces
If joint return, spouse's first name	Initial	Last name	
Present home address — number and street including PO Box or rural route			Apt. no.
City, town or post office		State	ZIP Code

Step 1a

SSN

Your social security number	If joint return, spouse's social security number
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IMPORTANT:

Your social security number is required.

Step 2

Filing Status

Check only one.

- 1 Single
- 2 Married filing joint return (even if only one spouse had income)
- 3 Married filing separate return. Enter spouse's social security number above and full name here _____
- 4 Head of household (with qualifying person). STOP. See instructions.
- 5 Qualifying widow(er) with dependent child. Enter year spouse died 19 _____.

Step 3

Exemptions

Attach check or money order here.

- 6 If your parent (or someone else) can claim you (or your spouse, if married) as a dependent on his or her tax return, even if he or she chooses not to, check here ● 6
- 7 Personal: If you checked box 1, 3 or 4 above, enter 1. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions 7
- 8 Blind: If you (or if married, your spouse) are visually impaired, enter 1. If both are visually impaired, enter 2 8
- 9 Senior: If you (or if married, your spouse) are 65 or older, enter 1. If both are 65 or older, enter 2 ● 9
- 10 Add line 7 through line 9. These are your total exemptions 10
- 11 Dependents: Enter name and relationship. Do not include yourself or your spouse. _____
Enter the total number of dependents 11

Step 4

Taxable Income

Attach copy of your Form(s) W-2, W-2G and 1099-R here.

- 12 a State wages from your Form(s) W-2, box 17 ● 12a
- 12 b Enter federal adjusted gross income from your TeleFile Tax Record, line H; Form 1040EZ, line 4; Form 1040A, line 18; or Form 1040, line 33. If this amount is over \$100,000, STOP; you must file Form 540. 12b
- 13 Total California income adjustments. Enter the amount from Side 2, Part I, line 7 ● 13
- 14 Subtract line 13 from line 12b. This is your California adjusted gross income. See instructions ● 14
- 15 Enter the larger of your CA itemized deductions OR your CA standard deduction. See instructions ● 15
- 16 Subtract line 15 from line 14. This is your taxable income. If less than zero, enter -0- 16

Step 5

Tax and Credits

- 17 Tax. Use the tax table or tax rate schedules to find the tax on the amount shown on line 16 17
- 18 Exemption credits. See instructions 18
- 19 Nonrefundable renter's credit. See instructions ● 19
- 20 Total credits. Add line 18 and line 19 20
- 23 Subtract line 20 from line 17. This is your total tax. If less than zero, enter -0- ● 23

Step 6

Overpaid Tax or Tax Due

- 24 California income tax withheld. See instructions ■ 24
- 25 1998 California estimated tax and payment with form FTB 3519 ■ 25
- 27 Did either you or your spouse receive more than \$31,767 in wages in 1998? Yes. See instructions. No. Go to line 28 ■ 27
- 28 Total payments and credits. Add line 24, line 25 and line 27 28
- 29 Overpaid tax. If line 28 is more than line 23, subtract line 23 from line 28 29
- 30 Enter the amount of line 29 you want applied to your 1999 estimated tax ■ 30
- 31 Overpaid tax available this year. Subtract line 30 from line 29 ■ 31
- 32 Tax due. If line 28 is less than line 23, subtract line 28 from line 23 32

Step 7

Refund or Amount You Owe

- 34 Total contributions. Enter amount from Side 2, Part II, line 13 ● 34
- 35 Subtract line 34 from line 31. Enter the result here and go to Side 2, Part III to sign your return. You have a REFUND or NO AMOUNT DUE ■ 35
- 36 Add line 32 and line 34. Enter the result here and go to Side 2, Part III to sign your return. This is the AMOUNT YOU OWE ■ 36
- 37 Underpayment of estimated tax. If form FTB 5805 is attached, check here ■ 37
- 38 If you do not need California income tax forms mailed to you next year, check here ● 38

Part I
California
Income
Adjustments
 See instructions

1	State income tax refund adjustment (from Form 1040, line 10). See instructions	1		
2	Unemployment compensation adjustment (from federal TeleFile Tax Record, line D; Form 1040EZ, line 3; Form 1040A, line 12; or Form 1040, line 19). See instructions	2		
3	Social security benefits adjustment or tier 1 and tier 2 railroad retirement benefits adjustment. See instructions	3		
4	California nontaxable interest or dividend income adjustment. See instructions	4		
5	California IRA distributions adjustment. See instructions	5		
6	California pensions and annuities adjustment. See instructions	6		
7	Total California income adjustments. Add line 1 through line 6. Enter here and on Side 1, line 13	7		

Part II
Contributions

1	Contribution to California Seniors Special Fund. See instructions	◀ 47 ▶	1		
You may make a contribution of \$1 or more to the following funds:					
2	Alzheimer's Disease/Related Disorders Fund	◀ 48 ▶	2		00
3	California Fund for Senior Citizens	◀ 49 ▶	3		00
4	Rare and Endangered Species Preservation Program	◀ 50 ▶	4		00
5	State Children's Trust Fund for the Prevention of Child Abuse	◀ 51 ▶	5		00
6	California Breast Cancer Research Fund	◀ 52 ▶	6		00
7	California Firefighters' Memorial Fund	◀ 53 ▶	7		00
8	California Public School Library Protection Fund	◀ 54 ▶	8		00
9	D.A.R.E. California (Drug Abuse Resistance Education) Fund	◀ 55 ▶	9		00
10	California Military Museum Fund	◀ 56 ▶	10		00
11	California Mexican American Veterans' Memorial	◀ 57 ▶	11		00
12	Emergency Food Assistance Program Fund	◀ 58 ▶	12		00
13	Total contributions. Add line 1 through line 12. Enter here and on Side 1, line 34		13		

Do not attach your federal return to this return.

Part III

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is true, correct and complete. **9**

Your signature _____ Spouse's signature (if filing joint, both must sign) _____ Daytime phone number () _____

Sign Here

X _____ X _____ Date _____

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) _____ Paid preparer's SSN/FEIN _____

It is unlawful to forge a spouse's signature.

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

Where to Mail Your Return

REFUND or NO AMOUNT DUE (Side 1, line 35):
FRANCHISE TAX BOARD
PO BOX 942840
SACRAMENTO CA 94240-0000

AMOUNT DUE (Side 1, line 36):
FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0001

- Make your check or money order payable to "Franchise Tax Board."
- Write your social security number and "1998 Form 540A" on your check or money order.
- Attach check or money order to your Form 540A.

- Be sure to file your return by April 15, 1999.
- Do not attach a copy of your federal return.
- If you cannot file your return by April 15, 1999, and owe tax, be sure to complete form FTB 3519, Payment Voucher for Automatic Extension for Individuals, and pay the amount you owe by April 15, 1999, to avoid late payment penalties and interest.
- Use the preprinted label if you received one. If the information is not correct, make the necessary corrections in ink.
- Be sure to enter your social security number(s) in Step 1a.