

# 2016 California Resident Income Tax Return

# 540

Fiscal year filers only: Enter month of year end: month \_\_\_\_\_ year 2017.

Your first name Kristiane	Initial	Last name	Suffix	Your SSN or ITIN
If joint tax return, spouse's/RDP's first name	Initial	Last name	Suffix	Spouse's/RDP's SSN or ITIN
Additional information (see instructions)				PBA code
Street address (number and street) or PO box Ave.			Apt. no./ste. no.	PMB/private mailbox
City (if you have a foreign address, see instructions)			State CA	ZIP code 95000
Foreign country name		Foreign province/state/country		Foreign postal code

Your DOB (mm/dd/yyyy)

Spouse's/RDP's DOB (mm/dd/yyyy)

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

- 1  Single
- 2  Married/RDP filing jointly. See inst.
- 3  Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here
- 4  Head of household (with qualifying person). See instructions.
- 5  Qualifying widow(er) with dependent child. Enter year spouse/RDP died

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.  $1 \times \$111 = \$111$
- 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2.  $1 \times \$111 = \$111$
- 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2.  $1 \times \$111 = \$111$

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

	Dependent 1	Dependent 2	Dependent 3
First Name			
Last Name			
SSN			
Dependent's relationship to you			

Total dependent exemptions  $10 \times \$344 = \$3440$

11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32.  $11 \times \$111 = \$1221$

Your name: Kristiane

Your SSN or ITIN:

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

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

14 California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B ● 14

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions ● 15

16 California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C. ● 16

17 California adjusted gross income. Combine line 15 and line 16. ● 17

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

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

31 Tax. Check the box if from:  Tax Table  Tax Rate Schedule   
 FTB 3800  FTB 3803 ● 31

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$182,459, see instructions ● 32

33 Subtract line 32 from line 31. If less than zero, enter -0- ● 33

34 Tax. See instructions. Check the box if from:  Schedule G-1  FTB 5870A ● 34

35 Add line 33 and line 34 ● 35

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions ● 40

43 Enter credit name  code ●  and amount ● 43

44 Enter credit name  code ●  and amount ● 44

45 To claim more than two credits, see instructions. Attach Schedule P (540). ● 45

46 Nonrefundable renter's credit. See instructions ● 46

47 Add line 40 through line 46. These are your total credits ● 47

48 Subtract line 47 from line 35. If less than zero, enter -0- ● 48

61 Alternative minimum tax. Attach Schedule P (540) ● 61

62 Mental Health Services Tax. See instructions ● 62

63 Other taxes and credit recapture. See instructions ● 63

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

Your name: Kristiane

Your SSN or ITIN:

71	California income tax withheld. See instructions	● 71	71	00
72	2016 CA estimated tax and other payments. See instructions	● 72	0	00
73	Withholding (Form 592-B and/or 593). See instructions	● 73	0	00
74	Excess SDI (or VPD) withheld. See instructions	● 74	0	00
75	Earned Income Tax Credit (EITC)	● 75	0	00
76	Add lines 71 through 75. These are your total payments. See instructions	⊙ 76	71	00

91 Use Tax. See instructions ● 91 0 00

92	Payments balance. If line 76 is more than line 91, subtract line 91 from line 76	⊙ 92	71	00
93	Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91	⊙ 93	-	00
94	Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92	⊙ 94	71	00
95	Amount of line 94 you want applied to your 2017 estimated tax	● 95	0	00
96	Overpaid tax available this year. Subtract line 95 from line 94	● 96	71	00
97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64	⊙ 97	-	00

Empty rectangular box for additional information or comments.

Empty rectangular box for additional information or comments.

Your name: Kristiane

Your SSN or ITIN:

	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
<b>110 Add code 400 through code 435. This is your total contribution</b>	<b>110</b>	<b>0.00</b>

Contributions

Your name: Kristiane

Your SSN or ITIN:

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](http://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 942848

SACRAMENTO CA 94248-0001

115 71.00

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  Savings

Account number

116 Direct deposit amount

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Type

Routing number

Checking  Savings

Account number

117 Direct deposit amount

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](http://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

[Signature]

Date

04/10/2017

Spouse's/RDP's signature (if a joint tax return, both must sign)

[Signature]

Sign Here

Your email address. Enter only one email address.

@gmail.com

Preferred phone number

9

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

[Signature]

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

[Name]

PTIN

[PTIN]

Firm's address

[Address]

FEIN

[FEIN]

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

Joint tax return? (See instructions)

Do you want to allow another person to discuss this tax return with us? See instructions...  Yes  No

Print Third Party Designee's Name

[Name]

Telephone Number

[Number]

2016

**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.**

**3525**

Attach to Forms 540, 540 2EZ, 540NR (Long or Short), or 540X.

1 Your first name, middle initial, and last name Kristiane P	2 Your SSN or ITIN C
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3 Address (number and street, Apt, suite, PO box, or PMB no., city, state, and ZIP code)  
Folsom, California

4 ENTER THE YEAR IN THE SPACE PROVIDED AT THE END OF THIS STATEMENT: I notified the Internal Revenue Service that I have been unable to obtain or have received an incorrect Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc., from my employer or payer named below.

The amounts shown below are my best estimates of all wages, tips, other compensation (including noncash payments), retirement payments received, state income tax withheld, and disability insurance withheld by the employer or payer during the 2016 taxable year.

5 Employer's or payer's name, address, city, state, and ZIP code  
FOLSON CALIFORNIA 95630

6 Federal employer identification number (if known)	7 State income tax withheld (include the name of the state) 71.18	8 Wages, tips, or other compensation before deductions for taxes, insurance, etc.	9 State Disability Insurance withheld
10 Dependent care benefits	11 Nonqualified plans	12 Gross distribution - Qualified plan distributions (IRA, pension, profit-sharing, etc.)	
13 Taxable amount - Qualified plan distributions (IRA, pension, profit-sharing, etc.)		14 Capital gain (included in Box 13)	15 Other

16 How did you determine or estimate the amounts in items 7-15? Attach a copy of your supporting documents, such as your last pay stub or pay statement for the tax year showing the year-to-date totals.  
Party identified on line 5 as "payer" provided a W-2 which erroneously alleged payments of IRC sections 3121 and 3401 transactions, which are hereby disputed by the correction on line 8. I deny that said "payer" and I had any IRC section 3121 or 3401 transactions in 2016.

17 Give the reason why Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement, was not furnished by your employer or payer, if known. Explain your efforts to obtain the form.  
None

**Sign Here** 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](http://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 statement and, to the best of my knowledge and belief, it is true, correct, and complete.

Your signature: *[Signature]* Date: 4/15/17

**Instructions for Form FTB 3525**  
**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.**

References in these instructions are to the Internal Revenue Code (IRC) as of January 1, 2016, and to the California Revenue and Taxation Code (R&TC).

**General Information**

**Purpose**

Use form FTB 3525, 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., as a substitute for federal Forms W-2, W-2c, and 1099-R when your employer or payer does not give you a Form W-2 or Form 1099-R, or when your employer or payer has issued an incorrect Form W-2 or Form 1099-R. Attach form FTB 3525 to your tax return.

You should always attempt to get Form W-2 or Form 1099-R from your employer or payer before contacting the Internal Revenue Service (IRS) or filing form FTB 3525. After February 14, 2016, you may call the IRS at 800.829.1040 if you still have not received Form W-2 or Form 1099-R.

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 FTB 3525.

**Note:** Retain a copy of form FTB 3525 for your records.

**Will I need to amend my tax return?**

If you receive a Form W-2, Form W-2c, or Form 1099-R, after your tax return is filed with form FTB 3525, and the information differs from the information reported on your tax return, you must amend your tax return by filing Form 540X, Amended Individual Income Tax Return.

**Penalties**

The Franchise Tax Board will challenge the claims of individuals who attempt to avoid or evade their tax liability by using form FTB 3525 in a manner other than as prescribed. Potential penalties for the improper use of form FTB 3525 include:

- Accuracy-related penalties equal to 20% of the amount of taxes that should have been paid.
- Civil fraud penalties equal to 75% of the amount of taxes that should have been paid.
- A civil penalty for filing a frivolous tax return or submitting a specified frivolous submission as described by the California Revenue and Taxation Code Section 19179 and Internal Revenue Code Section 6702.