

Form 540 2D Specifications Barcode 1 of 2

Index/ Field No.	Line/ Box No.	Description	Data Type A = Alpha N = Numeric AN = Alphanumeric X = Checkbox	Length	Value/ Comments	Special Printing Instructions on Substitute Form(s) Blank = Print in associated field
1	Header	Header Version Number	N	2	T1	
2	Header	CTP ID	N	3		
3	Gov't	Tax Year	N	4	YYYY	
4	Gov't	Form Type	N	6	310-01	
5	Gov't	Software Developer Version	N	3	001. Increment plus 1 for every change to the barcode	
6	Gov't	FTB Specification Version	N	3	001. See Header Fields Definitions in Publication 1098, Part II for more information.	
7	Entity	Amended Check Box	N	1	1 = Amended 0 = Leave Blank	Follow Scannable format Printing instructions
8	Entity	Account Period Ending	A	3	APE	
9	Entity	Fiscal Year Ending	N	6	MMYYYY	Scannable Format
10	Entity	Federal Return Attachment Area Question – Did Taxpayer attach any federal forms or schedules other than Sch A, or Sch B?	A	28	ATTACH FEDERAL RETURN or DO NOT ATTACH FEDERAL RETURN	Yes – print “ATTACH FEDERAL RETURN” No – print “DO NOT ATTACH FEDERAL RETURN”
11	Entity	Taxpayer's SSN (or ITIN) (mandatory)	N	9		Scannable Format
12	Entity	If Joint or Separate Tax Return, Spouse's/ RDP's SSN (or ITIN) (mandatory)	N	9		Scannable Format
13	Entity	Form Year Indicator (mandatory)	N	2	YY	Scannable Format
14	Entity	Principal Business Activity (PBA) Code	N	6	If the PBA code is less than 6 characters LJ and do not populate with zeros. If no PBA code, leave PBA field blank.	Scannable Format
15	Entity	Taxpayer's First Name (mandatory)	A	11		Scannable Format
16	Entity	Taxpayer's Middle Initial	A	1		Scannable Format
17	Entity	Taxpayer's Last Name (mandatory)	A	35	Special Characters: space	Scannable Format
18	Entity	Taxpayer's Suffix	A	4	Valid entries are SR, JR, TR, I, II, III, IV, V, VI, VII, VIII, IX, and X	Scannable Format
19	Entity	Taxpayer – If Deceased, must Enter Date of Death, otherwise, leave blank	N	10	MM-DD-YYYY	Scannable Format
20	Entity	If Joint Tax Return, Spouse's/RDP's First Name (mandatory)	A	11		Scannable Format
21	Entity	If Joint Tax Return, Spouse's/RDP's Middle Initial	A	1		Scannable Format
22	Entity	If Joint Tax Return, Spouse's/RDP's Last Name (mandatory)	A	35	Special Characters: space	Scannable Format
23	Entity	If Joint Tax Return, Spouse's/RDP's Suffix	A	4	Valid entries are SR, JR, TR, I, II, III, IV, V, VI, VII, VIII, IX, and X	Scannable Format

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24	Entity	If Joint Tax Return, Spouse/RDP – If Deceased, must Enter date of Death, otherwise, leave blank	N	10	MM-DD-YYYY	Scannable Format
25	Entity	Additional Information for In-Care-Of Name or Supplemental Address Information	AN	35	Special Characters: / – If no “in-care-of name” and supplemental address information, leave blank.	Scannable Format
26	Entity	Executor/Guardian	AN	35	Executor/ Guardian	Scannable Format
27	Entity	Street Address/PO Box (mandatory)	AN	35	Special Characters: space / –	Scannable Format
28	Entity	APT, STE, SP, RM, FL, BLDG, & UN Number or Letter	AN	5	No symbols	Scannable Format
29	Entity	Private mailbox (PMB) Number or Letter	AN	6		Scannable Format
30	Entity	ARRP Area	AN	5	C = SP/RDP deceased D = Taxpayer's deceased E = IRC 965 O = Outside the USA U = Military 9 = Disaster	Scannable Format
31	Entity	City (mandatory)	AN	17	Include U.S. or Foreign city. Special chars: space –	Scannable Format
32	Entity	State (mandatory)	A	2	Use Standard Abbreviations in Pub. 1098, Part I. If foreign address, leave blank.	Scannable Format
33	Entity	ZIP Code	AN	10	Special Characters: – If foreign address, leave blank	Scannable Format
34	Entity	If Foreign Country Name	AN	19	Special Characters: space 2-character Country Abbreviation may be used.	Scannable Format
35	Entity	If Foreign Province/State/County	AN	17	Special Characters: –	Scannable Format
36	Entity	If Foreign Postal Code	AN	16	Special Characters: –	Scannable Format
37	Entity	Taxpayer's Date of Birth	N	10	MM-DD-YYYY	Scannable Format
38	Entity	If Joint or Separate Tax Return, Spouse's/RDP's Date of Birth	N	10	MM-DD-YYYY	Scannable Format
39	Entity	Taxpayer's Prior Name (if applicable)	A	17	Last Name only, or leave blank.	Scannable Format
40	Entity	If Joint Tax Return, Spouse's/RDP's Prior Name (if applicable)	A	17	Last Name only, or leave blank.	Scannable Format
41	1-5	Filing Status	N	1	1 = Single 2 = Married/RDP Filing Jointly 3 = Married/ RDP Filing Separately 4 = Head of household 5 = Qualifying widow(er)	Print: Check mark

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42	6	Claimed as a Dependent Check Box	X	1	Upper X = marked check box Blank = unmarked check box	Print: Check mark
43	7	Personal Exemption Count	N	1		
44	7	Personal Exemption Amount	N	15		
45	8	Blind Exemption Count	N	1		
46	8	Blind Exemption Amount	N	15		
47	9	Senior Exemption Count	N	1		
48	9	Senior Exemption Amount	N	15		
49	10	1Dependent First Name	A	11		
50	10	1Dependent Last Name	A	17		
51	10	1Dependent SSN	N	9		
52	10	1Dependent Relationship	A	12		
53	10	2Dependent First Name	A	11		
54	10	2Dependent Last Name	A	17		
55	10	2Dependent SSN	N	9		
56	10	2Dependent Relationship	A	12		
57	10	3Dependent First Name	A	11	If more than 3 dependents leave blank. Print dependent 3 on attached statement.	
58	10	3Dependent Last Name	A	17	If more than 3 dependents leave blank. Print dependent 3 on attached statement.	
59	10	3Dependent SSN	N	9	If more than 3 dependents leave blank. Print dependent 3 on attached statement.	
60	10	3Dependent Relationship	A	12	If more than 3 dependents, continue capturing in 310-02 barcode.	If more than three dependents, print "SEE ATTACHED". Print dependent 3 on attached statement.
61	10	Dependent Exemption Count	N	2		
62	10	Dependent Exemption Amount	N	15		
63	11	Exemption Amount	N	15		
64	12	State Wages Form(s) W-2	N	15		
65	13	Federal AGI	N	15	Special Characters: –	
66	14	California Adjustments – Subtractions	N	15	Special Characters: –	
67	16	California Adjustments – Additions	N	15		

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Index/ Field No.	Line/ Box No.	Description	Data Type A = Alpha N = Numeric AN = Alphanumeric X = Checkbox	Length	Value/ Comments	Special Printing Instructions on Substitute Form(s) Blank = Print in associated field
68	17	CA Adjusted Gross Income	N	15	Special Characters: –	
69	18	Standard/Itemized Deduction	N	15		
70	19	Taxable Income – Write In	A	3	CCF	Field: To the left of dollar amount line 19
71	19	Taxable Income – Amount	N	15		
72	31	FTB 3800 – Check Box	X	1	Upper X = marked check box Blank = unmarked check box	Print: Check Mark
73	31	FTB 3803 – Check Box	X	1	Upper X = marked check box Blank = unmarked check box	Print: Check Mark
74	31	Tax – Amount	N	15		
75	32	Exemption Credits	N	15		
76	33	Subtract Line 32 from Line 31	N	15		
77	34	Schedule G1 – Check Box	X	1	Upper X = marked check box Blank = unmarked check box	Print: Check Mark
78	34	FTB 5870A – Check Box	X	1	Upper X = marked check box Blank = unmarked check box	Print: Check Mark
79	34	Tax – Amount	N	15		
80	35	Add line 33 and Line 34	N	15		
81	40	Nonrefundable Child/Dependent Care Credit Expenses	N	15		
82	43	1Credit – Code	N	3		
83	43	1Credit – Amount	N	15		
84	44	2Credit – Code	N	3		
85	44	2Credit – Amount	N	15		
86	45	Claim More Than two Credits	N	15		
87	46	Non Refundable Renters Credit	N	15		
88	47	Total Credits	N	15		
89	48	Subtract Line 47 from Line 35	N	15		
90	61	Alternative Minimum Tax	N	15		
91	62	Mental Health Services Tax	N	15		

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Index/ Field No.	Line/ Box No.	Description	Data Type A = Alpha N = Numeric AN = Alphanumeric X = Checkbox	Length	Value/ Comments	Special Printing Instructions on Substitute Form(s) Blank = Print in associated field
92	63	Other Taxes and Credit Recapture Write In	AN	50	Special Characters: space FTB 3540 FTB 3554 FTB 3805P FTB 3805Z FTB 3807 NQDC Other IRC Section 453A interest	Field: Write the form number and the amount on the dotted line to the left of the dollar amount line 63
93	63	Other Taxes and Credits Recapture Amount	N	15		
94	64	Total Tax	N	15		
95	71	CA Income Tax Wthheld	N	15		
96	72	CA Estimated Tax and other payments	N	15		
97	73	Withholding (Form 592-B and/or 593)	N	15		
98	74	Excess SDI (or VPDI) withheld	N	15		
99	75	Earned Income Tax Credit (EITC)	N	15		
100	76	Claim of Right – Write In	AN	8	IRC 1341	Field: On the dotted line to the left of the dollar amount of line 76
101	76	Total Payments	N	15		
102	91	Use Tax	N	15		
103	92	Payments Balance	N	15		
104	93	Use Tax Balance	N	15		
105	94	Overpaid Tax	N	15		
106	95	Overpaid Tax Applied to Estimated Tax	N	15		
107	96	Overpaid Tax Available this year	N	15		
108	97	Tax Due	N	15		
109		END OF FILE	AN	5	*EOD*	

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Index/ Field No.	Line/ Box No.	Description	Data Type A = Alpha N = Numeric AN = Alphanumeric X = Checkbox	Length	Value/ Comments	Special Printing Instructions on Substitute Form(s) Blank = Print in associated field
1	Header	Header Version Number	N	2	T1	
2	Header	CTP ID	N	3		
3	Gov't	Tax Year	N	4	YYYY	
4	Gov't	Form Type	N	6	310-02	
5	Gov't	Software Developer Version	N	3	001. Increment plus 1 for every change to the barcode	
6	Gov't	FTB Specification Version	N	3	001. See Header Fields Definitions in Publication 1098, Part II for more information.	
7	400	California Seniors Special Fund	N	15		
8	401	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	N	15		
9	403	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	N	15		
10	405	California Breast Cancer Research Voluntary Tax Contribution Fund	N	15		
11	406	California Firefighters' Memorial Fund	N	15		
12	407	Emergency Food for Families Voluntary Tax Contribution Fund	N	15		
13	408	California Peace Officer Memorial Foundation Fund	N	15		
14	410	California Sea Otter Fund	N	15		
15	413	CA Cancer Research Voluntary Tax Contribution Fund	N	15		
16	422	School Supplies for Homeless Children Fund	N	15		
17	423	State Parks Protection Fund/Parks Pass Purchase	N	15		
18	424	Protect our Coast and Oceans Voluntary Tax Contribution Fund	N	15		
19	425	Keep Arts in Schools Voluntary Tax Contribution Fund	N	15		
20	430	State Children's Trust Fund for the Prevention of Child Abuse	N	15		
21	431	Prevention of Animal Homelessness and Cruelty Fund	N	15		
22	432	Revive the Salton Sea Fund	N	15		
23	433	California Domestic Violence Victims Fund	N	15		
24	434	Special Olympics Fund	N	15		
25	435	Type 1 Diabetes Research Fund	N	15		
26	436	California YMCA Youth and Government Voluntary Tax Contribution Fund	N	15		
27	437	Habitat for Humanity Voluntary Tax Contribution Fund	N	15		
28	438	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	N	15		

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29	439	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	N	15		
30	440	Rape Backlog Kit Voluntary Tax Contribution Fund	N	15		
31	441	Organ and Tissue Donor Registry Voluntary Tax Contribution Fund	N	15		
32	442	National Alliance on Mental Illness California Voluntary Tax Contribution Fund	N	15		
33	443	Schools Not Prisons Voluntary Tax Contribution Fund	N	15		
34	110	Total Contributions	N	15		
35	111	Amount You Owe	N	15		
36	113	FTB 5805 Check Box	X	1	Upper X = marked check box Blank = unmarked check box	Print: Check mark
37	113	FTB 5805F Check Box	X	1	Upper X = marked check box Blank = unmarked check box	Print: Check mark
38	113	Underpayment of Estimated Tax	N	15		
39	115	Refund or No Amount Due	N	15		
40		1Routing Number	N	9		
41		1Checking Check Box	X	1	Upper X = marked check box Blank = unmarked check box	Print: Check mark
42		1Savings Check Box	X	1	Upper X = marked check box Blank = unmarked check box	Print: Check mark
43		1Account Number	AN	17		
44	116	1Direct Deposit Amount	N	15		
45		2Routing Number	N	9		
46		2Checking Check Box	X	1	Upper X = marked check box Blank = unmarked check box	Print: Check mark
47		2Savings Check Box	X	1	Upper X = marked check box Blank = unmarked check box	Print: Check mark
48		2Account Number	AN	17		
49	117	2Direct Deposit Amount	N	15		
50		Email address	AN	75	Allow blanks Special chars: Allow All	
51		Preferred Phone Number	N	14	Special chars: space - ()	
52		Paid Preparer's Signature	X	1	Upper X = Yes – Paid preparer completed return.	Print: Leave blank

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53		PTIN	AN	9		
54		Firm's FEIN	N	9		
55		Yes – Discuss Return Check Box	X	1	Uppder X = marked check box Blank = unmarked check box	Print: Check mark
56		No – Discuss Return Check Box	X	1	Uppder X = marked check box Blank = unmarked check box	Print: Check mark
57		4Dependent First Name	A	11		Do Not Print
58		4Dependent Last name	A	17		Do Not Print
59		4Dependent SSN	N	9		Do Not Print
60		4Dependent Relationship	A	12		Do Not Print
61		5Dependent First Name	A	11		Do Not Print
62		5Dependent Last name	A	17		Do Not Print
63		5Dependent SSN	N	9		Do Not Print
64		5Dependent Relationship	A	12		Do Not Print
65		6Dependent First Name	A	11		Do Not Print
66		6Dependent Last name	A	17		Do Not Print
67		6Dependent SSN	N	9		Do Not Print
68		6Dependent Relationship	A	12		Do Not Print
69		7Dependent First Name	A	11		Do Not Print
70		7Dependent Last name	A	17		Do Not Print
71		7Dependent SSN	N	9		Do Not Print
72		7Dependent Relationship	A	12		Do Not Print
73		8Dependent First Name	A	11		Do Not Print
74		8Dependent Last name	A	17		Do Not Print
75		8Dependent SSN	N	9		Do Not Print
76		8Dependent Relationship	A	12		Do Not Print
77		9Dependent First Name	A	11		Do Not Print
78		9Dependent Last name	A	17		Do Not Print
79		9Dependent SSN	N	9		Do Not Print
80		9Dependent Relationship	A	12		Do Not Print
81		10Dependent First Name	A	11		Do Not Print
82		10Dependent Last name	A	17		Do Not Print
83		10Dependent SSN	N	9		Do Not Print
84		10Dependent Relationship	A	12		Do Not Print
85		11Dependent First Name	A	11		Do Not Print

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Index/ Field No.	Line/ Box No.	Description	Data Type A = Alpha N = Numeric AN = Alphanumeric X = Checkbox	Length	Value/ Comments	Special Printing Instructions on Substitute Form(s) Blank = Print in associated field
86		11Dependent Last name	A	17		Do Not Print
87		11Dependent SSN	N	9		Do Not Print
88		11Dependent Relationship	A	12		Do Not Print
89		12Dependent First Name	A	11		Do Not Print
90		12Dependent Last name	A	17		Do Not Print
91		12Dependent SSN	N	9		Do Not Print
92		12Dependent Relationship	A	12		Do Not Print
93		13Dependent First Name	A	11		Do Not Print
94		13Dependent Last name	A	17		Do Not Print
95		13Dependent SSN	N	9		Do Not Print
96		13Dependent Relationship	A	12		Do Not Print
97		14Dependent First Name	A	11		Do Not Print
98		14Dependent Last name	A	17		Do Not Print
99		14Dependent SSN	N	9		Do Not Print
100		14Dependent Relationship	A	12		Do Not Print
101		15Dependent First Name	A	11		Do Not Print
102		15Dependent Last name	A	17		Do Not Print
103		15Dependent SSN	N	9		Do Not Print
104		15Dependent Relationship	A	12		Do Not Print
105		16Dependent First Name	A	11		Do Not Print
106		16Dependent Last name	A	17		Do Not Print
107		16Dependent SSN	N	9		Do Not Print
108		16Dependent Relationship	A	12		Do Not Print
109		17Dependent First Name	A	11		Do Not Print
110		17Dependent Last name	A	17		Do Not Print
111		17Dependent SSN	N	9		Do Not Print
112		17Dependent Relationship	A	12		Do Not Print
113		18Dependent First Name	A	11		Do Not Print
114		18Dependent Last name	A	17		Do Not Print
115		18Dependent SSN	N	9		Do Not Print
116		18Dependent Relationship	A	12		Do Not Print
117		19Dependent First Name	A	11		Do Not Print
118		19Dependent Last name	A	17		Do Not Print
119		19Dependent SSN	N	9		Do Not Print
120		19Dependent Relationship	A	12		Do Not Print
121		END OF FILE	AN	5	*EOD*	

2018 California Resident Income Tax Return

540

Date of Birth	● Your DOB (mm/dd/yyyy)	● Spouse's/RDP's DOB (mm/dd/yyyy)
	<input type="text"/>	<input type="text"/>
Prior Name	● Your prior name (see instructions)	● Spouse's/RDP's prior name (see instructions)
	<input type="text"/>	<input type="text"/>

If your California filing status is different from your federal filing status, check the box here

Filing Status	1 <input 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). Enter year spouse/RDP died <input type="text"/>
	See instructions. <input type="text"/>	

3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name 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**

Exemptions	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="text"/> X \$118 = ● \$ <input type="text"/>
	8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 ● 8 <input type="text"/> X \$118 = ● \$ <input type="text"/>
	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="text"/> X \$118 = ● \$ <input type="text"/>

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

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total dependent exemptions ● 10 X \$367 = ● \$

11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32. ● 11 \$

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 7. ● 13 .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), Part II, line 30; **OR**
- Your California **standard deduction** shown below for your filing status:
 - Single or Married/RDP filing separately. \$4,401
 - Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$8,802
- If Married/RDP filing separately or 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 \$194,504, 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

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 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

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

Your name:

Your SSN or ITIN:

Payments

71	California income tax withheld. See instructions	● 71	<input type="text"/>	<input type="text"/>	.00
72	2018 CA estimated tax and other payments. See instructions	● 72	<input type="text"/>	<input type="text"/>	.00
73	Withholding (Form 592-B and/or 593). See instructions	● 73	<input type="text"/>	<input type="text"/>	.00
74	Excess SDI (or VPD) withheld. See instructions	● 74	<input type="text"/>	<input type="text"/>	.00
75	Earned Income Tax Credit (EITC)	● 75	<input type="text"/>	<input type="text"/>	.00
76	Add lines 71 through 75. These are your total payments. See instructions	⊙ 76	<input type="text"/>	<input type="text"/>	.00

Use Tax

91	Use Tax. Do not leave blank. See instructions.	● 91	<input type="text"/>	<input type="text"/>	.00
	If line 91 is zero, check if: <input type="checkbox"/> No use tax is owed.				
	<input type="checkbox"/> You paid your use tax obligation directly to CDTFA.				

Overpaid Tax/Tax Due

92	Payments balance. If line 76 is more than line 91, subtract line 91 from line 76	⊙ 92	<input type="text"/>	<input type="text"/>	.00
93	Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91	⊙ 93	<input type="text"/>	<input type="text"/>	.00
94	Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92	⊙ 94	<input type="text"/>	<input type="text"/>	.00
95	Amount of line 94 you want applied to your 2019 estimated tax	● 95	<input type="text"/>	<input type="text"/>	.00
96	Overpaid tax available this year. Subtract line 95 from line 94.	● 96	<input type="text"/>	<input type="text"/>	.00
97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64	⊙ 97	<input type="text"/>	<input type="text"/>	.00

Contributions

	Code	Amount
California Seniors Special Fund. See instructions	● 400	<input type="text"/> <input type="text"/> .00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	● 401	<input type="text"/> <input type="text"/> .00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	● 403	<input type="text"/> <input type="text"/> .00

This space reserved for 2D barcode

This space reserved for 2D barcode

Your name:

Your SSN or ITIN:

	Code	Amount
California Breast Cancer Research Voluntary Tax Contribution Fund	● 405	<input type="text"/> .00
California Firefighters' Memorial Fund	● 406	<input type="text"/> .00
Emergency Food for Families Voluntary Tax Contribution Fund	● 407	<input type="text"/> .00
California Peace Officer Memorial Foundation Fund	● 408	<input type="text"/> .00
California Sea Otter Fund	● 410	<input type="text"/> .00
California Cancer Research Voluntary Tax Contribution Fund	● 413	<input type="text"/> .00
School Supplies for Homeless Children Fund	● 422	<input type="text"/> .00
State Parks Protection Fund/Parks Pass Purchase	● 423	<input type="text"/> .00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	● 424	<input type="text"/> .00
Keep Arts in Schools Voluntary Tax Contribution Fund	● 425	<input type="text"/> .00
State Children's Trust Fund for the Prevention of Child Abuse	● 430	<input type="text"/> .00
Prevention of Animal Homelessness and Cruelty Fund	● 431	<input type="text"/> .00
Revive the Salton Sea Fund	● 432	<input type="text"/> .00
California Domestic Violence Victims Fund	● 433	<input type="text"/> .00
Special Olympics Fund	● 434	<input type="text"/> .00
Type 1 Diabetes Research Fund	● 435	<input type="text"/> .00
California YMCA Youth and Government Voluntary Tax Contribution Fund	● 436	<input type="text"/> .00
Habitat for Humanity Voluntary Tax Contribution Fund	● 437	<input type="text"/> .00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	● 438	<input type="text"/> .00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	● 439	<input type="text"/> .00
Rape Backlog Kit Voluntary Tax Contribution Fund	● 440	<input type="text"/> .00
Organ and Tissue Donor Registry Voluntary Tax Contribution Fund	● 441	<input type="text"/> .00
National Alliance on Mental Illness California Voluntary Tax Contribution Fund	● 442	<input type="text"/> .00
Schools Not Prisons Voluntary Tax Contribution Fund	● 443	<input type="text"/> .00
110 Add code 400 through code 443. This is your total contribution	● 110	<input type="text"/> .00

Contributions

Your name:

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** .00

Pay online – Go to ftb.ca.gov/pay for more information.

Amount You Owe

Interest and Penalties

112 Interest, late return penalties, and late payment penalties **112** .00

113 Underpayment of estimated tax. Check the box: ● **FTB 5805 attached** ● **FTB 5805F attached** ● **113** .00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment. **114** .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 942840

SACRAMENTO CA 94240-0001 ● **115** .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

.00

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

.00

Refund and Direct Deposit

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/forms and search for **1131**. 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

Date

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

Sign Here

● Your email address. Enter only one email address.

● Preferred phone number

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

● Firm's 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

2018 California Resident Income Tax Return

540

Filing Status

If your California filing status is different from your federal filing status, check the box here

- 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). Enter year spouse/RDP died
See instructions.

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 X \$118 = \$
- 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 8 X \$118 = \$
- 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 9 X \$118 = \$

Exemptions

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

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total dependent exemptions 10 X \$367 = \$

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

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 7. ● 13 .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), Part II, line 30; **OR**
- Your California **standard deduction** shown below for your filing status:
 - Single or Married/RDP filing separately. \$4,401
 - Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$8,802
- If Married/RDP filing separately or 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 \$194,504, 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

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 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

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

Your name:

Your SSN or ITIN:

Payments

71	California income tax withheld. See instructions	● 71	<input type="text"/>	<input type="text"/>	.00
72	2018 CA estimated tax and other payments. See instructions	● 72	<input type="text"/>	<input type="text"/>	.00
73	Withholding (Form 592-B and/or 593). See instructions	● 73	<input type="text"/>	<input type="text"/>	.00
74	Excess SDI (or VPD) withheld. See instructions	● 74	<input type="text"/>	<input type="text"/>	.00
75	Earned Income Tax Credit (EITC)	● 75	<input type="text"/>	<input type="text"/>	.00
76	Add lines 71 through 75. These are your total payments. See instructions	⊙ 76	<input type="text"/>	<input type="text"/>	.00

Use Tax

91 **Use Tax.** Do not leave blank. See instructions. ● 91 .00

If line 91 is zero, check if: No use tax is owed.

You paid your use tax obligation directly to CDTFA.

Overpaid Tax/Tax Due

92	Payments balance. If line 76 is more than line 91, subtract line 91 from line 76	⊙ 92	<input type="text"/>	<input type="text"/>	.00
93	Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91	⊙ 93	<input type="text"/>	<input type="text"/>	.00
94	Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92	⊙ 94	<input type="text"/>	<input type="text"/>	.00
95	Amount of line 94 you want applied to your 2019 estimated tax	● 95	<input type="text"/>	<input type="text"/>	.00
96	Overpaid tax available this year. Subtract line 95 from line 94.	● 96	<input type="text"/>	<input type="text"/>	.00
97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64	⊙ 97	<input type="text"/>	<input type="text"/>	.00

Contributions

		Code	Amount
California Seniors Special Fund. See instructions	● 400	<input type="text"/>	<input type="text"/>
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	● 401	<input type="text"/>	<input type="text"/>
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	● 403	<input type="text"/>	<input type="text"/>

This space reserved for 2D barcode

This space reserved for 2D barcode

Your name:

Your SSN or ITIN:

Contributions

	Code	Amount
California Breast Cancer Research Voluntary Tax Contribution Fund	● 405	<input type="text"/> .00
California Firefighters' Memorial Fund	● 406	<input type="text"/> .00
Emergency Food for Families Voluntary Tax Contribution Fund	● 407	<input type="text"/> .00
California Peace Officer Memorial Foundation Fund	● 408	<input type="text"/> .00
California Sea Otter Fund	● 410	<input type="text"/> .00
California Cancer Research Voluntary Tax Contribution Fund	● 413	<input type="text"/> .00
School Supplies for Homeless Children Fund	● 422	<input type="text"/> .00
State Parks Protection Fund/Parks Pass Purchase	● 423	<input type="text"/> .00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	● 424	<input type="text"/> .00
Keep Arts in Schools Voluntary Tax Contribution Fund	● 425	<input type="text"/> .00
State Children's Trust Fund for the Prevention of Child Abuse	● 430	<input type="text"/> .00
Prevention of Animal Homelessness and Cruelty Fund	● 431	<input type="text"/> .00
Revive the Salton Sea Fund	● 432	<input type="text"/> .00
California Domestic Violence Victims Fund	● 433	<input type="text"/> .00
Special Olympics Fund	● 434	<input type="text"/> .00
Type 1 Diabetes Research Fund	● 435	<input type="text"/> .00
California YMCA Youth and Government Voluntary Tax Contribution Fund	● 436	<input type="text"/> .00
Habitat for Humanity Voluntary Tax Contribution Fund	● 437	<input type="text"/> .00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	● 438	<input type="text"/> .00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	● 439	<input type="text"/> .00
Rape Backlog Kit Voluntary Tax Contribution Fund	● 440	<input type="text"/> .00
Organ and Tissue Donor Registry Voluntary Tax Contribution Fund	● 441	<input type="text"/> .00
National Alliance on Mental Illness California Voluntary Tax Contribution Fund	● 442	<input type="text"/> .00
Schools Not Prisons Voluntary Tax Contribution Fund	● 443	<input type="text"/> .00
110 Add code 400 through code 443. This is your total contribution	● 110	<input type="text"/> .00

Your name:

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** .00

Pay online – Go to ftb.ca.gov/pay for more information.

Amount You Owe

Interest and Penalties

112 Interest, late return penalties, and late payment penalties **112** .00

113 Underpayment of estimated tax. Check the box: ● **FTB 5805 attached** ● **FTB 5805F attached** ● **113** .00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment. **114** .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 942840

SACRAMENTO CA 94240-0001 ● **115** .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

.00

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

.00

Refund and Direct Deposit

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/forms and search for **1131**. 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

Date

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

Sign Here

● Your email address. Enter only one email address.

● Preferred phone number

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

● Firm's 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 540 Barcode Placement Side 3 Specifications

Comments: Use Courier 12-point font for CTP ID and Doc. ID (print line 63).

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
1-3	Blank lines	–	–	–	–
4	Anchor Mark	59	2	60	Anchor mark, Conventional form size/style
5-44	Blank lines	–	–	–	–
45-51	“2D BARCODE”	7	73	79	Conventional form size/style
52-53	Blank lines	–	–	–	–
54-60	“2D BARCODE”	7	73	79	Conventional form size/style
61	Blank line	–	–	–	–
62-63	Bottom Registration Mark, Anchor Mark, and conventional form	–	–	–	End of bottom registration mark, anchor mark and conventional form size/style
63	CTP ID (mandatory)	32	3	34	Numeric
63	Doc. ID (mandatory)	40	7	46	Numeric, “3103184” (Side 3)
63	Paper Filing Survey Code	53	1	53	Vendor specific print reason codes, numeric, “1”, “2”, “3”, “4”, “5”, “6”, or blank

