

# California Resident Income Tax Return 2009

**540** C1 Side 1

Fiscal year filers only: Enter month of year end: month \_\_\_\_\_ year 2010.

Your first name <b>ANIL</b>	Initial	Last name <b>MITRA</b>	Your SSN or ITIN <b>222 42 0517</b>
If joint return, spouse's/RDP's first name	Initial	Last name	Spouse's/RDP's SSN or ITIN
Address (number and street, PO Box, or PMB no.) <b>4510</b>	Apt. no./Ste. no. <b>G</b>		PBA Code
City (If you have a foreign address, see page 9) <b>ARCATA</b>	State <b>CA</b>	ZIP Code <b>95521 7434</b>	
<b>Prior Name</b> If you filed your 2008 tax return under a different last name, write the last name only from the 2008 tax return. <input checked="" type="radio"/> Taxpayer <b>MITRA</b> <input type="radio"/> Spouse/RDP			

- Filing Status**
- 1  Single
- 2  Married/RDP filing jointly. (see page 3)
- 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 page 3)
- 5  Qualifying widow(er) with dependent child. Enter year spouse/RDP died \_\_\_\_\_
- If your California filing status is different from your federal filing status, fill in the circle here . . . . .
- 6 If someone can claim you (or your spouse/RDP) as a dependent, fill in the circle here (see page 9) . . . . .   **6**

**Exemptions**

▶ 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 filled in 1, 3, or 4 above, enter 1 in the box. If you filled in 2 or 5, enter 2, in the box. If you filled in the circle on line 6, see page 9. . . . . **7**  X \$98 = \$ **98**

**8 Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 . . . . . **8**  X \$98 = \$ **0**

**9 Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 . . . . .  **9**  X \$98 = \$ **0**

**10 Dependents:** Enter name and relationship. **Do not include yourself or your spouse/RDP.** \_\_\_\_\_

\_\_\_\_\_ Total dependent exemptions  **10**  X \$98 = \$ **0**

**11 Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 . . . . . **11** \$ **98**

**Taxable Income**

<b>12</b> State wages from your Form(s) W-2, box 16 . . . . . <input checked="" type="radio"/> <b>12</b>	<b>36757</b>	<b>00</b>
<b>13</b> Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4 . . . . . <b>13</b>	<b>36757</b>	<b>00</b>
<b>14</b> California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B . . . . . <input checked="" type="radio"/> <b>14</b>	<b>0</b>	<b>00</b>
<b>15</b> Subtract line 14 from line 13. If less than zero, enter the result in parentheses (see page 11). . . . . <b>15</b>	<b>36757</b>	<b>00</b>
<b>16</b> California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C . . . . . <input checked="" type="radio"/> <b>16</b>	<b>0</b>	<b>00</b>
<b>17</b> California adjusted gross income. Combine line 15 and line 16 . . . . . <input checked="" type="radio"/> <b>17</b>	<b>36757</b>	<b>00</b>
<b>18</b> Enter the larger of: { Your California <b>itemized deductions</b> from Schedule CA (540), line 44; <b>OR</b> Your California <b>standard deduction</b> shown below for your filing status: • Single or Married/RDP filing separately. . . . . \$3,637 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . \$2,274 If the circle on line 6 is filled in, STOP. (see page 11) . . . . . <input checked="" type="radio"/> <b>18</b>	<b>3637</b>	<b>00</b>
<b>19</b> Subtract line 18 from line 17. This is your <b>taxable income</b> . If less than zero, enter -0-. . . . . <b>19</b>	<b>33120</b>	<b>00</b>

**Tax**

<b>31</b> Tax. Fill in the circle if from: <input checked="" type="radio"/> Tax Table <input type="radio"/> Tax Rate Schedule <input type="radio"/> FTB 3800 <input type="radio"/> FTB 3803. . . . . <input checked="" type="radio"/> <b>31</b>	<b>1135</b>	<b>00</b>
<b>32</b> Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$160,739, see page 13. . . . . <b>32</b>	<b>98</b>	<b>00</b>
<b>33</b> Subtract line 32 from line 31. If less than zero, enter -0-. . . . . <b>33</b>	<b>1037</b>	<b>00</b>
<b>34</b> Tax (see page 13). Fill in the circle if from: <input type="radio"/> Schedule G-1 <input type="radio"/> FTB 5870A. . . . . <input checked="" type="radio"/> <b>34</b>	<b>0</b>	<b>00</b>
<b>35</b> Add line 33 and line 34. . . . . <b>35</b>	<b>1037</b>	<b>00</b>

**40** Enter the amount from Side 1, line 35 ..... **40** 1037 | 00

Special Credits

**41** New jobs credit, amount generated (see page XX) ..... ● **41** 0 | 00

**42** New jobs credit, amount claimed (see page XX) ..... ● **42** 0 | 00

**43** Enter credit name \_\_\_\_\_ code no \_\_\_\_\_ and amount ..... ▶ **43** 00

**44** Enter credit name \_\_\_\_\_ code no \_\_\_\_\_ and amount ..... ▶ **44** 00

**45** To claim more than two credits (see page 14) ..... ● **45** 0 | 00

**46** Nonrefundable renter's credit (see page 14) ..... ● **46** 0 | 00

**47** Add line 42 through line 46. These are your total credits ..... **47** 0 | 00

**48** Subtract line 47 from line 40. If less than zero, enter -0- ..... **48** 1037 | 00

Other Taxes

**61** Alternative minimum tax. Attach Schedule P (540) ..... ● **61** 0 | 00

**62** Mental Health Services Tax (see page 15) ..... ● **62** 0 | 00

**63** Other taxes and credit recapture (see page 15) ..... ● **63** 0 | 00

**64** Add line 48, line 61, line 62, and line 63. This is your total tax. .... ● **64** 1037 | 00

**71** California income tax withheld (see page 15) ..... ● **71** 1009 | 00

**72** 2009 CA estimated tax and other payments (see page 15) ..... ● **72** 0 | 00

**73** Real estate and other withholding (see page 15) ..... ● **73** 0 | 00

**74** Excess SDI (or VPDI) withheld. To see if you qualify (see page 15) ..... ● **74** 0 | 00

**Child and Dependent Care Expenses Credit** (see page 16). Attach form FTB 3506.

Payments

**75** Qualifying person's social security number ..... ● **75** - | -

**76** Qualifying person's social security number ..... ● **76** - | -

**77** Enter the amount from form FTB 3506, Part III, line 8 ..... ● **77** 0 | 00

**78** Child and Dependent Care Expenses Credit from form FTB 3506, Part III, line 12 ..... ● **78** 0 | 00

**79** Add line 71, line 72, line 73, line 74, and line 78. These are your total payments (see page 16) ..... **79** 1009 | 00

Overpaid Tax/  
Tax Due

**91** Overpaid tax. If line 79 is more than line 64, subtract line 64 from line 79 ..... **91** 0 | 00

**92** Amount of line 91 you want applied to your **2010** estimated tax ..... ● **92** 0 | 00

**93** Overpaid tax available this year. Subtract line 92 from line 91 ..... ● **93** 0 | 00

**94** Tax due. If line 79 is less than line 64, subtract line 79 from line 64 ..... **94** 28 | 00

Use Tax

**95** Use Tax. **This is not a total line** (see page 16) ..... ● **95** 0 | 00

		Code	Amount
<b>Contributions</b>	California Seniors Special Fund. See instructions, (see page 60) . . . . .	● 400	0 00
	Alzheimer's Disease/Related Disorders Fund . . . . .	● 401	0 00
	California Fund for Senior Citizens . . . . .	● 402	0 00
	Rare and Endangered Species Preservation Program . . . . .	● 403	0 00
	State Children's Trust Fund for the Prevention of Child Abuse . . . . .	● 404	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 Military Family Relief Fund . . . . .	● 409	0 00
	California Sea Otter Fund . . . . .	● 410	0 00
	California Ovarian Cancer Research Fund . . . . .	● 411	0 00
	Municipal Shelter Spay-Neuter Fund . . . . .	● 412	0 00
	California Cancer Research Fund . . . . .	● 413	0 00
	ALS/Lou Gehrig's Disease Research Fund . . . . .	● 414	0 00
<b>110</b> Add code 400 through code 414. This is your total contribution . . . . .	● 110	0 00	

**Amount You Owe**  
**111 AMOUNT YOU OWE.** Add line 94, line 95, and line 110 (see page 17). **Do not send cash.**  
 Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** . . . . . ● 111 2 8 00  
 Pay online – Go to **ftb.ca.gov** and search for **web pay**.

**Interest and Penalties**  
**112** Interest, late return penalties, and late payment penalties . . . . . **112** 0 00  
**113** Underpayment of estimated tax. Fill in circle: ○ **FTB 5805 attached** ○ **FTB 5805F attached** . . . . . ● **113** 0 00  
**114** Total amount due (see page 18). Enclose, but **do not** staple, any payment . . . . . **114** 28 00

**Refund and Direct Deposit**  
**115 REFUND OR NO AMOUNT DUE.** Subtract line 95 and line 110 from line 93 (see page 18).  
 Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002** . . . . . ● 115 0 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 page 18).  
 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:  
 Checking  Savings  
 ● Routing number ● Type ● Account number ● 116 Direct deposit amount  
 The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:  
 Checking  Savings  
 ● Routing number ● Type ● Account number ● 117 Direct deposit amount

**IMPORTANT:** See the instructions to find out if you should attach a copy of your complete federal return.  
 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign Here**  
 It is unlawful to forge a spouse's/RDP's signature.  
 Joint return? (see page 19)

Your signature: X Spouse's/RDP's signature (if a joint return, both must sign): X Daytime phone number (optional): ( 707 ) 4079501  
 Date: \_\_\_\_\_  
 Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**): \_\_\_\_\_ ● Paid preparer's SSN/PTIN: \_\_\_\_\_  
 Firm's name (or yours, if self-employed): \_\_\_\_\_ Firm's address: \_\_\_\_\_ ● FEIN: \_\_\_\_\_  
 Do you want to allow another person to discuss this return with us (see page 19)? . . . . . ●  Yes  No  
 Print Third Party Designee's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_