

RESIDENT
540

CALIFORNIA



INDIVIDUAL
INCOME TAX

1-121

TAXABLE YEAR
1979

If you filed a Federal Form 1040A (short form) skip the items tinted green.

For Privacy Act Notice, see page 2 of instructions | For the year January 1-December 31, 1979, or year ending _____, 1980.

Use Calif. label. Otherwise, please print or type.	Your first name and initial (if joint return, also give spouse's name and initial)	Last name	Your social security number
	Present home address (Number and street, including apartment number, or rural route)		Spouse's social security no.
	City, town or post office, State and ZIP code		Your occupation
			Spouse's occupation

Filing Status

Check only one box

1 Single

2 Married filing joint return (even if only one had income)

3 Married filing separate return. If spouse is also filing, give spouse's social security number in the space above and enter full name here _____

4 Head of household. Enter qualifying name _____ See page 4 of instructions.

5 Qualifying widow(er) with dependent child (Year spouse died 19 ____). See page 4 of instructions.

Exemption Credits

Always enter the credit for line 6a. Enter other credits if they apply.

6a Personal { If box checked on line 1 or 3, enter \$27 } If box checked on line 2, 4 or 5, enter \$54. ● 6a 00

6b Blind Yourself Spouse Number of boxes checked on 6b _____ × \$9 ● 6b 00

6c Dependents—Do not list yourself, your spouse or the person who qualifies you as Head of household. Enter name and relationship. _____ Total Number ■ _____ × \$9 ● 6c 00

7 Total exemption credits claimed (Add lines 6a, 6b and 6c) Enter here and on line 38 ● 7 00

Income

Attach Form(s) W-2 here.

If you do not have a W-2, see page 4 of instructions.

Please attach check or money order here.

8 Wages, salaries, tips, etc. ● 8

9 Interest income (attach Schedule B (540) if over \$400) ● 9

10 Dividends—before Federal exclusion (attach Schedule B (540) if over \$400) ● 10

11 State or Federal tax refunds are not taxable for State purposes. ● 11

12 Alimony received ● 12

13 Business income or (loss) (attach Schedule C (540)) ● 13

14 Capital gain or (loss) (attach Schedule D (540)) ● 14

15 Gain on Sale of Principal Residence— If the once-in-a-lifetime exclusion is claimed—attach FTB 3535 and check box ● 15

16 Supplemental gains or losses (attach Schedule D-1 (540)) ● 16

17 Fully taxable pensions and annuities not reported on Schedule E (540) ● 17

18a Pensions and annuities } [ATTACH SCHEDULE E (540)] ● 18a

18b Rents and royalties } ● 18b

18c Partnerships } ● 18c

18d Estates and trusts } ● 18d

19 Farm income or (loss) (attach Schedule F (540)) ● 19

20 Unemployment compensation is not taxable for State purposes ● 20

21 Other income (state nature and source—see page 6 of instructions) ● 21

22 Total income. Add lines 8 through 21 ● 22

Adjustments to Income

23 Moving expense (attach FTB 3805U) ● 23

24 Employee business expenses (attach FTB 3805N) ● 24

25a Payments to an IRA (see page 7 of instructions) ● 25a

25b Payments to a Keogh (H.R. 10) retirement plan ● 25b

25c Payments to a self-employed "Defined Benefit Plan" ● 25c

26 Military exclusion (see page 7 of instructions) ● 26

27 Interest penalty due to early withdrawal of savings ● 27

28 Alimony paid (see page 7 of instructions) ● 28

(Paid to) (Social Security Number)

29 Disability income exclusion (attach FTB 3805T) ● 29

30 Total adjustments. Add lines 23 through 29 ● 30

Adjusted Gross Income

31 Adjusted gross income. Subtract line 30 from line 22 (or enter line 22 if lines 23 through 30 not filled in) and continue on page 2 ● 31

Tax Computation	32	Amount from line 31. If you itemize deductions, enter sub-totals below: a. Medical and dental expenses b. Taxes c. Interest expenses d. Contributions e. Casualty loss f. Miscellaneous deductions g. Net adoption expenses			32	
		} ATTACH SCHEDULE A (540)				
			a.			
			b.			
			c.			
			d.			
			e.			
			f.			
			g.			
		33	Enter larger of total itemized or standard deduction (\$1,100 if box checked on line 1 or 3 \$2,200 if box checked on line 2, 4 or 5)			33
	34	Taxable income. Subtract line 33 from line 32.			34	
	35	Tax. Use the amount on line 34 to find your tax from <input type="checkbox"/> Tax Table or <input type="checkbox"/> Schedule G or G-1 (540)			35	
	36 & 37	For tax on accumulation distribution of trusts get FTB 5870A				
Credits	38	Enter amount from line 7			38	
	39	Credit for the elderly (attach Schedules R/RP (540))			39	
	40	Credit for child and dependent care expenses (attach FTB 3805X)			40	
	41	Special low income credit (see page 9 of instructions)			41	
	42	"Other State" net income tax credit (attach Schedule S (540))			42	
	43	Agricultural irrigation equipment tax credit			43	
	44	Jobs tax credits (attach FTB 3524)			44	
	45	Solar energy credit (attach FTB 3805L)			45	
	46	Total credits. Add lines 38 through 45			46	
	47	Balance. Subtract line 46 from line 35 and enter difference (but not less than zero)			47	
Other Taxes	48	Minimum tax on preference income (attach Schedule P (540))			48	
	49a	Tax on an IRA (attach FTB 3805P)	49a			
	49b	Tax on a Keogh (HR 10) (attach statement with computations)	49b			
	49	Total tax on IRA or Keogh. Add lines 49a and 49b			49	
	50	Total tax liability. Add lines 47, 48 and 49			50	
Payments Attach Form(s) W-2 and W-2P to front.	51	Total California income tax withheld			51	
	52	1979 California estimated tax payments and credit from 1978 return, and Filing extension payment			52	
	53	Renter's credit—(attach Form 540RC (540)) (see page 10 of instructions)			53	
	54a	Excess Calif. SDI tax withheld			54a	
	54b	SDI Refund	SEE PAGE 11 OF INSTRUCTIONS			54b
		55	Total. Add lines 51 through 54b			55
Refund	56	If line 55 is larger than line 50 enter amount OVERPAID			56	
	57	Amount of line 56 to be REFUNDED TO YOU Mail return to: Franchise Tax Board, P.O. Box 13-540, Sacramento, CA 95813			57	
	58	Amount of line 56 to be credited on 1980 estimated tax payment			58	
Balance Due	59	If line 50 is larger than line 55 enter BALANCE DUE. Attach check or money order for the full amount made payable to "Franchise Tax Board." Write your social security number on check or money order. Mail return to: Franchise Tax Board, Sacramento, CA 95867			59	
	60	Check <input type="checkbox"/> if Form 5805 (5805F) is attached. See page 11 of instructions. \$ _____				

If you and your tax preparer do not need State income tax forms and instructions mailed to you next year, see instructions, page 11, and check box.

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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____ Date _____ Spouse's signature (if filing jointly, BOTH must sign even if only one had income.) _____

Your Telephone Number (Optional) () _____

PLEASE SIGN HERE

Paid Preparer's Information	Preparer's signature	Do not write in this space
	Firm's name (or yours, if self-employed), address and ZIP code	P _____
		E _____
		M _____
		A _____
		R _____
		DATE _____

Reconciliation to Federal Return—If adjusted gross income on Federal Return is different from line 31, attach explanation.