

**WILLIAM WASHINGTON
200 SISTERS LANE
SAN FRANCISCO, CA 94110
2017 INCOME TAX RETURN**

TAX YEAR: 2017

PROCESS DATE: 12/21/2017

CLIENT : 123-00-1111 WILLIAM WASHINGTON

BIRTH DATE : 03/11/1990 / Age: 27

ADDRESS : 200 SISTERS LANE
: SAN FRANCISCO CA 94110

PREPARER : 995

Home : (415) 767-0121

PREPARER FEE:

Work : -

ELECTRONIC :

Cell : -

TOTAL FEES :

STATUS : 1

FED TYPE: Direct Deposit

ST TYPE : Direct Deposit

E-MAIL :

LISTING OF FORMS FOR THIS RETURN

FORM 1040EZ

FORM W-2

EARNED INCOME CREDIT WITH NO DEPENDENTS

FORM 8879 (E-FILE SIGNATURE AUTHORIZATION)

CA STATE RESIDENT RETURN

* QUICK SUMMARY *

<u>SUMMARY</u>	<u>FEDERAL</u>	<u>CA RESIDENT</u>
FILING STATUS	1	1
TOTAL INCOME	13280	13280
TOTAL ADJUSTMENTS	0	0
ADJUSTED GROSS INCOME	13280	13280
DEDUCTIONS	6350	4236
EXEMPTIONS	4050	0
TAXABLE INCOME	2880	9044
TAX	289	0
CREDITS	0	0
PAYMENTS	424	354
EARNED INCOME CREDIT	133	18
REFUND	268	354
AMOUNT DUE	0	0

DIRECT DEPOSIT INFORMATION

RTN: 121042882 ACCOUNT: 2345678901 AMOUNT: \$268.00

* W-2 INCOME FORMS SUMMARY *

T/S EMPLOYER WAGES FED WITH FICA MED TAX STATE WITH ST

CLIENT : WILLIAM WASHINGTON

123-00-1111

PREPARER : 995 DATE : 12/21/2017

* W-2 INCOME FORMS SUMMARY *

	<u>T/S EMPLOYER</u>	<u>WAGES</u>	<u>FED WITH</u>	<u>FICA</u>	<u>MED TAX</u>	<u>STATE WITH ST</u>
1.	T KAZI TECHNOLOG	13280	424	823	193	336 CA
	TOTALS.....	13280	424	823	193	336

a Employee's social security number 123-00-1111		OMB No. 1545-0008		Safe, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile					
b Employer identification number (EIN) 20-4111111				1 Wages, tips, other compensation 13280		2 Federal income tax withheld 424							
c Employer's name, address, and ZIP code KAZI TECHNOLOGY INC 1030 REDMOND COURT SAN FRANCISCO CA 94110				3 Social security wages 13280		4 Social security tax withheld 823							
				5 Medicare wages and tips 13280		6 Medicare tax withheld 193							
				7 Social security tips		8 Allocated tips							
d Control number				9 Verification code		10 Dependent care benefits							
e Employee's first name and initial WILLIAM		Last name WASHINGTON		Suff.		11 Nonqualified plans		12a See instructions for box 12 DD 8950					
f Employee's address and ZIP code 200 SISTERS LANE SAN FRANCISCO CA 94110				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b							
				14 Other CASDI 105		12c							
						12d							
15 State CA		Employer's state ID number 2341294078		16 State wages, tips, etc. 13280		17 State income tax 336		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement **2017** Department of the Treasury—Internal Revenue Service

a Employee's social security number		OMB No. 1545-0008		Safe, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile					
b Employer identification number (EIN)				1 Wages, tips, other compensation		2 Federal income tax withheld							
c Employer's name, address, and ZIP code				3 Social security wages		4 Social security tax withheld							
				5 Medicare wages and tips		6 Medicare tax withheld							
				7 Social security tips		8 Allocated tips							
d Control number				9 Verification code		10 Dependent care benefits							
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans		12a See instructions for box 12					
f Employee's address and ZIP code				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b							
				14 Other		12c							
						12d							
15 State		Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement **2017** Department of the Treasury—Internal Revenue Service

Consent to Disclose Carry Forward Information to VITA/TCE Tax Preparation Sites

Federal Disclosure

Federal law required this consent form be provided to you ("you" refers to each taxpayer, if more than one). Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties for purposes other than the preparation and filing of your tax return. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use of distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

I WILLIAM WASHINGTON authorize The Practice Lab:

1 year-Draft: "Disclosure" The Software Developer will disclose Personal Information from the tax return to any VITA/TCE site that Taxpayer selects to prepare a tax return in the next filing season (Tax Year 2018).

1 Year-Draft: "Purpose" The purpose of the Disclosure is to provide Taxpayer's Personal Information to any VITA/TCE site that Taxpayer selects to prepare a tax return in the next filing season to assist the VITA/TCE Site in preparing a tax return for Taxpayer

Taxpayer PIN: 11111

PIN Date 12/18/2017

Signature: _____ Date: _____

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email to: complaints@tigta.treas.gov.

Department of the Treasury
Internal Revenue Service

▶ **Return completed Form 8879 to your ERO. (Do not send to IRS.)**
▶ **Go to www.irs.gov/Form8879 for the latest information.**

2017

Submission Identification Number (SID) ▶

Taxpayer's name WILLIAM WASHINGTON	Social security number 123-00-1111
Spouse's name	Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, 2017 (Whole dollars only)

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37)	1	13280
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	289
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a)	3	424
4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	268
5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2017, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize PRACTICE LAB to enter or generate my PIN

1	1	1	1	1
---	---	---	---	---

 as my signature on my tax year 2017 electronically filed income tax return. Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ 12/21/2017

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

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 as my signature on my tax year 2017 electronically filed income tax return. Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

3	6	9	2	5	8	9	8	7	6	5
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 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2017 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ IRS PREPARER Date ▶ 12/21/2017

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Form
1040EZ

**Income Tax Return for Single and
Joint Filers With No Dependents** (99)

2017

OMB No. 1545-0074

Your first name and initial WILLIAM	Last name WASHINGTON	Your social security number 123-00-1111
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 200 SISTERS LANE		Apt. no. ▲ Make sure the SSN(s) above are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). SAN FRANCISCO, CA 94110		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	

Income	1	Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.	1	13280
	2	Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.	2	
	3	Unemployment compensation and Alaska Permanent Fund dividends (see instructions).	3	
	4	Add lines 1, 2, and 3. This is your adjusted gross income .	4	13280
	5	If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. <input type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$10,400 if single ; \$20,800 if married filing jointly . See back for explanation.	5	10400

Payments, Credits, and Tax	6	Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your taxable income .	6	2880
	7	Federal income tax withheld from Form(s) W-2 and 1099.	7	424
	8a	Earned income credit (EIC) (see instructions)	8a	133
	b	Nontaxable combat pay election. 8b		
	9	Add lines 7 and 8a. These are your total payments and credits .	9	557

10	Tax. Use the amount on line 6 above to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line.	10	289
11	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	11	
12	Add lines 10 and 11. This is your total tax .	12	289

13a	If line 9 is larger than line 12, subtract line 12 from line 9. This is your refund . If Form 8888 is attached, check here <input type="checkbox"/>	13a	268																				
b	Routing number <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td>1</td><td>2</td><td>1</td><td>0</td><td>4</td><td>2</td><td>8</td><td>8</td><td>2</td></tr></table> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	1	2	1	0	4	2	8	8	2													
1	2	1	0	4	2	8	8	2															
d	Account number <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>0</td><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	2	3	4	5	6	7	8	9	0	1												
2	3	4	5	6	7	8	9	0	1														

14	If line 12 is larger than line 9, subtract line 9 from line 12. This is the amount you owe . For details on how to pay, see instructions.	14	
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Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? **Yes**. Complete below. **No**

Designee's name	Phone no.	Personal identification number (PIN)					
		<table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>					

Sign Here 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 accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature	Date 12/21/2017	Your occupation CLERK	Daytime phone number 415-767-0121					
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>					

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date 12/21/2017	Check <input type="checkbox"/> if self-employed	PTIN S12345678
Firm's name PRACTICE LAB		Firm's EIN		
Firm's address 15 PRACTICE LAB WAY WASHINGTON DC 20005		Phone no. 202-202-2022		

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2017
Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/ScheduleA for instructions and the latest information.
▶ Attach to Form 1040.

Name(s) shown on Form 1040

Your social security number

WILLIAM WASHINGTON


123-00-1111

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions)	1		
	2	Enter amount from Form 1040, line 38 <input type="text" value="2"/>	2		
	3	Multiply line 2 by 10% (0.10)	3		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			
Taxes You Paid	5 State and local (check only one box):				
	a	<input checked="" type="checkbox"/> Income taxes, or	5	441	
	b	<input type="checkbox"/> General sales taxes			
	6	Real estate taxes (see instructions)	6		
	7	Personal property taxes	7		
	8	Other taxes. List type and amount ▶	8		
	9	Add lines 5 through 8	9	441	
	Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098	10	
		11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	11	
12		Points not reported to you on Form 1098. See instructions for special rules	12		
13		Reserved	13		
14		Investment interest. Attach Form 4952 if required. See instructions.	14		
15		Add lines 10 through 14	15		
Gifts to Charity	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16		
	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17		
	18	Carryover from prior year	18		
	19	Add lines 16 through 18	19		
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. See instructions	20		
Job Expenses and Certain Miscellaneous Deductions	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ▶	21		
	22	Tax preparation fees	22		
	23	Other expenses—investment, safe deposit box, etc. List type and amount ▶	23		
	24	Add lines 21 through 23	24		
	25	Enter amount from Form 1040, line 38 <input type="text" value="25"/>	25		
	26	Multiply line 25 by 2% (0.02)	26		
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27		
Other Miscellaneous Deductions	28	Other—from list in instructions. List type and amount ▶	28		
Total Itemized Deductions	29	Is Form 1040, line 38, over \$156,900? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29	441	
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here			

Worksheet **A**—2017 EIC—Lines 66a and 66b

Keep for Your Records 

Before you begin: ✓ Be sure you are using the correct worksheet. Use this worksheet only if you answered “No” to Step 5, question 2. Otherwise, use Worksheet B.

<p>Part 1</p> <p>All Filers Using Worksheet A</p>	1. Enter your earned income from Step 5.	1 13280
	2. Look up the amount on line 1 above in the EIC Table (right after Worksheet B) to find the credit. Be sure you use the correct column for your filing status and the number of children you have. Enter the credit here.	2 133
	If line 2 is zero,  You can't take the credit. Enter “No” on the dotted line next to line 66a.	
	3. Enter the amount from Form 1040, line 38.	3 13280

4. Are the amounts on lines 3 and 1 the same?

Yes. Skip line 5; enter the amount from line 2 on line 6.

No. Go to line 5.

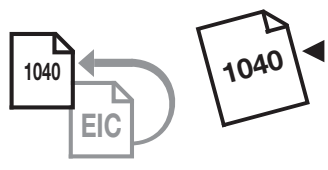
<p>Part 2</p> <p>Filers Who Answered “No” on Line 4</p>	5. If you have:	
	<ul style="list-style-type: none"> ● No qualifying children, is the amount on line 3 less than \$8,350 (\$13,950 if married filing jointly)? ● 1 or more qualifying children, is the amount on line 3 less than \$18,350 (\$23,950 if married filing jointly)? 	


Yes. Leave line 5 blank; enter the amount from line 2 on line 6.

No. Look up the amount on line 3 in the EIC Table to find the credit. Be sure you use the correct column for your filing status and the number of children you have. Enter the credit here.

Look at the amounts on lines 5 and 2. Then, enter the **smaller** amount on line 6.

5	
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<p>Part 3</p> <p>Your Earned Income Credit</p>	6. This is your earned income credit.	6 133
	<p>Reminder—</p> <p>✓ If you have a qualifying child, complete and attach Schedule EIC.</p>	Enter this amount on Form 1040, line 66a. 



If your EIC for a year after 1996 was reduced or disallowed, see Form 8862, who must file, earlier, to find out if you must file Form 8862 to take the credit for 2017.

Worksheet B—2017 EIC—Lines 66a and 66b

Keep for Your Records 

Use this worksheet if you answered “Yes” to Step 5, question 2.

- ✓ Complete the parts below (Parts 1 through 3) that apply to you. Then, continue to Part 4.
- ✓ If you are married filing a joint return, include your spouse’s amounts, if any, with yours to figure the amounts to enter in Parts 1 through 3.


<p>Part 1</p> <p>Self-Employed, Members of the Clergy, and People With Church Employee Income Filing Schedule SE</p>	1a. Enter the amount from Schedule SE, Section A, line 3, or Section B, line 3, whichever applies.	1a		
	b. Enter any amount from Schedule SE, Section B, line 4b, and line 5a.	+	1b	
	c. Combine lines 1a and 1b.	=	1c	
	d. Enter the amount from Schedule SE, Section A, line 6, or Section B, line 13, whichever applies.	-	1d	
	e. Subtract line 1d from 1c.	=	1e	

<p>Part 2</p> <p>Self-Employed NOT Required To File Schedule SE</p> <p><small>For example, your net earnings from self-employment were less than \$400.</small></p>	2. Don’t include on these lines any statutory employee income, any net profit from services performed as a notary public, any amount exempt from self-employment tax as the result of the filing and approval of Form 4029 or Form 4361, or any other amounts exempt from self-employment tax.			
	a. Enter any net farm profit or (loss) from Schedule F, line 34, and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A*.	2a		
	b. Enter any net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1*.	+	2b	
	c. Combine lines 2a and 2b.	=	2c	

**If you have any Schedule K-1 amounts, complete the appropriate line(s) of Schedule SE, Section A. Reduce the Schedule K-1 amounts as described in the Partner’s Instructions for Schedule K-1. Enter your name and social security number on Schedule SE and attach it to your return.*

<p>Part 3</p> <p>Statutory Employees Filing Schedule C or C-EZ</p>	3. Enter the amount from Schedule C, line 1, or Schedule C-EZ, line 1, that you are filing as a statutory employee.	3	
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<p>Part 4</p> <p>All Filers Using Worksheet B</p> <p><small>Note. If line 4b includes income on which you should have paid self-employment tax but didn’t, we may reduce your credit by the amount of self-employment tax not paid.</small></p>	4a. Enter your earned income from Step 5.	4a	13280
	b. Combine lines 1e, 2c, 3, and 4a. This is your total earned income.	4b	13280

If line 4b is zero or less,  You can’t take the credit. Enter “No” on the dotted line next to line 66a.

5. If you have:

- 3 or more qualifying children, is line 4b less than \$48,340 (\$53,930 if married filing jointly)?
- 2 qualifying children, is line 4b less than \$45,007 (\$50,597 if married filing jointly)?
- 1 qualifying child, is line 4b less than \$39,617 (\$45,207 if married filing jointly)?
- No qualifying children, is line 4b less than \$15,010 (\$20,600 if married filing jointly)?

Yes. If you want the IRS to figure your credit, see *Credit figured by the IRS*, earlier. If you want to figure the credit yourself, enter the amount from line 4b on line 6 of this worksheet.

No.  You can’t take the credit. Enter “No” on the dotted line next to line 66a.

Worksheet **B**—2017 EIC—Lines 66a and 66b—Continued

Keep for Your Records



Part 5

All Filers Using Worksheet B

6. Enter your total earned income from Part 4, line 4b.

6	13280
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7. Look up the amount on line 6 above in the EIC Table to find the credit. Be sure you use the correct column for your filing status and the number of children you have. Enter the credit here.

7	133
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If line 7 is zero, You can't take the credit. Enter "No" on the dotted line next to line 66a.

8. Enter the amount from Form 1040, line 38.

8	13280
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9. Are the amounts on lines 8 and 6 the same?
 Yes. Skip line 10; enter the amount from line 7 on line 11.
 No. Go to line 10.

Part 6

Filers Who Answered "No" on Line 9

10. If you have:
 ● No qualifying children, is the amount on line 8 less than \$8,350 (\$13,950 if married filing jointly)?
 ● 1 or more qualifying children, is the amount on line 8 less than \$18,350 (\$23,950 if married filing jointly)?
 Yes. Leave line 10 blank; enter the amount from line 7 on line 11.
 No. Look up the amount on line 8 in the EIC Table to find the credit. Be sure you use the correct column for your filing status and the number of children you have. Enter the credit here.
 Look at the amounts on lines 10 and 7. Then, enter the **smaller** amount on line 11.

10	
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Part 7

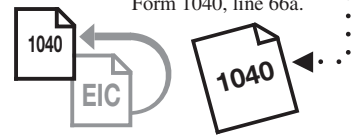
Your Earned Income Credit

11. **This is your earned income credit.**

11	133
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Reminder—

✓ If you have a qualifying child, complete and attach Schedule EIC.



Enter this amount on Form 1040, line 66a.



If your EIC for a year after 1996 was reduced or disallowed, see Form 8862, who must file, earlier, to find out if you must file Form 8862 to take the credit for 2017.

2016 California Resident Income Tax Return

540

ATTACH FEDERAL RETURN

123-00-1111 WASH
WILLIAM WASHINGTON

17 PBA 999999

A
R
RP

200 SISTERS LANE
SAN FRANCISCO CA 94110

03-11-1990

Filing Status

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. 7 X \$111 = \$

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 8 X \$111 = \$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 9 X \$111 = \$

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 \$344 = \$

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

Your name: WILLIAM WASHINGTON

Your SSN or ITIN: 123-00-1111

Taxable Income

12 State wages from your Form(s) W-2, box 16. ● 12 13280.00

13 Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4. ● 13 13280.00

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 13280.00

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 13280.00

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 4236.00

19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- . . . ● 19 9044.00

Tax

31 Tax. Check the box if from: Tax Table Tax Rate Schedule
 FTB 3800 FTB 3803 . . . ● 31 98.00

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$182,459, see instructions . . . ● 32 114.00

33 Subtract line 32 from line 31. If less than zero, enter -0- . . . ● 33 0.00

34 Tax. See instructions. Check the box if from: ● Schedule G-1 ● FTB 5870A. . . ● 34 .00

35 Add line 33 and line 34 . . . ● 35 0.00

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 0.00

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 0.00

Your name: WILLIAM WASHINGTON

Your SSN or ITIN: 123-00-1111

Payments	71	California income tax withheld. See instructions	● 71	336	.00
	72	2016 CA estimated tax and other payments. See instructions	● 72		.00
	73	Withholding (Form 592-B and/or 593). See instructions	● 73		.00
	74	Excess SDI (or VPD) withheld. See instructions	● 74		.00
	75	Earned Income Tax Credit (EITC)	● 75	18	.00
	76	Add lines 71 through 75. These are your total payments. See instructions	⊙ 76	354	.00

Use Tax	91	Use Tax. See instructions	● 91		.00
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Overpaid Tax/Tax Due	92	Payments balance. If line 76 is more than line 91, subtract line 91 from line 76	⊙ 92	354	.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	354	.00
	95	Amount of line 94 you want applied to your 2017 estimated tax	● 95		.00
	96	Overpaid tax available this year. Subtract line 95 from line 94	● 96	354	.00
	97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64	⊙ 97		.00



Your name: WILLIAM WASHINGTON

Your SSN or ITIN: 123-00-1111

		Code	Amount
Contributions	California Seniors Special Fund. See instructions	● 400	.00
	Alzheimer's Disease/Related Disorders Fund	● 401	.00
	Rare and Endangered Species Preservation Program	● 403	.00
	California Breast Cancer Research Fund	● 405	.00
	California Firefighters' Memorial Fund	● 406	.00
	Emergency Food for Families Fund	● 407	.00
	California Peace Officer Memorial Foundation Fund	● 408	.00
	California Sea Otter Fund	● 410	.00
	California Cancer Research Fund	● 413	.00
	RESERVED (DO NOT USE)00
	School Supplies for Homeless Children Fund	● 422	.00
	State Parks Protection Fund/Parks Pass Purchase	● 423	.00
	Protect Our Coast and Oceans Fund	● 424	.00
	Keep Arts in Schools Fund	● 425	.00
	State Children's Trust Fund for the Prevention of Child Abuse	● 430	.00
	Prevention of Animal Homelessness and Cruelty Fund	● 431	.00
	Revive the Salton Sea Fund	● 432	.00
	California Domestic Violence Victims Fund	● 433	.00
	Special Olympics Fund	● 434	.00
	Type 1 Diabetes Research Fund	● 435	.00
110 Add code 400 through code 435. This is your total contribution	● 110	.00	

Your name: WILLIAM WASHINGTON

Your SSN or ITIN: 123-00-1111

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
Pay online - Go to ftb.ca.gov for more information.

112 Interest, late return penalties, and late payment penalties
113 Underpayment of estimated tax. Check the box: FTB 5805 attached FTB 5805F attached
114 Total amount due. See instructions. Enclose, but do not staple, any payment.

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

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: 121042882
Account number: 2345678901
Direct deposit amount: 354.00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:
Type:
Routing number:
Account number:
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 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:
Date: 12/21/2017
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: (415) 767-0121

It is unlawful to forge a spouse's/RDP's signature.
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): PRACTICE LAB
Firm's address: 15 PRACTICE LAB WAY WASHINGTON DC 20005
PTIN: S12345678
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: (202) 202-2022

2017 California Earned Income Tax Credit

3514

Attach to your California Form 540, Form 540 2EZ or Long or Short Form 540NR

Name(s) as shown on tax return

SSN

WILLIAM WASHINGTON

123-00-1111

Before you begin:

If you claim the EITC even though you know you are not eligible, you may not be allowed to take the credit for up to 10 years.

Follow Step 1 through Step 7 in the instructions to determine if you meet the requirements, to complete this form, and to figure the amount of the credit.

If you are claiming the California Earned Income Tax Credit (EITC), you must provide your date of birth (DOB), and spouse's/RDP's DOB if filing jointly, on your California Form 540, Form 540 2EZ, or Long or Short Form 540NR.

Part I Qualifying Information See Specific Instructions.

- 1 a Has the Internal Revenue Service (IRS) previously disallowed your federal Earned Income Credit (EIC)? Yes No
- b Has the Franchise Tax Board (FTB) previously disallowed your California EITC? Yes No
- 2 Federal AGI (federal Form 1040, line 38; Form 1040A, line 22; or Form 1040EZ, line 4) ● 2
- 3 Federal EIC (federal Form 1040, line 66a; Form 1040A, line 42a; or Form 1040EZ, line 8a) ● 3

Part II Investment Income Information

- 4 Investment Income. See instructions for Step 2 – Investment Income ● 4

Part III Qualifying Child Information

You must complete Part I and Part II before filling out Part III. **If you are not claiming a qualifying child, skip Part III and go to Step 4 in the instructions.**

Qualifying Child Information

	Child 1	Child 2	Child 3
5 First name	<input checked="" type="radio"/> <input type="text"/>	<input checked="" type="radio"/> <input type="text"/>	<input checked="" type="radio"/> <input type="text"/>
6 Last name	<input checked="" type="radio"/> <input type="text"/>	<input checked="" type="radio"/> <input type="text"/>	<input checked="" type="radio"/> <input type="text"/>
7 SSN	<input checked="" type="radio"/> <input type="text"/>	<input checked="" type="radio"/> <input type="text"/>	<input checked="" type="radio"/> <input type="text"/>
8 Date of birth (mm/dd/yyyy). If born after 1998 and the child is younger than you (or your spouse/RDP, if filing jointly), skip line 9a and line 9b; go to line 10.	<input checked="" type="radio"/> <input type="text"/>	<input checked="" type="radio"/> <input type="text"/>	<input checked="" type="radio"/> <input type="text"/>
9 a Was the child under age 24 at the end of 2017, a student, and younger than you (or your spouse/RDP, if filing jointly)? If yes, go to line 10. If no, go to line 9b. See instructions.	<input checked="" type="radio"/> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="radio"/> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="radio"/> <input type="checkbox"/> Yes <input type="checkbox"/> No
b Was the child permanently and totally disabled during any part of 2017? If yes, go to line 10. If no, stop here. The child is not a qualifying child.	<input checked="" type="radio"/> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="radio"/> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="radio"/> <input type="checkbox"/> Yes <input type="checkbox"/> No
10 Child's relationship to you. See instructions.	<input checked="" type="radio"/> <input type="text"/>	<input checked="" type="radio"/> <input type="text"/>	<input checked="" type="radio"/> <input type="text"/>
11 Number of days child lived with you in California during 2017. Do not enter more than 365 days. See instructions.	<input checked="" type="radio"/> <input type="text"/>	<input checked="" type="radio"/> <input type="text"/>	<input checked="" type="radio"/> <input type="text"/>

	Child 1	Child 2	Child 3
12 a Child's physical address during 2017 (number, street, and apt. no./ste. no.). See instructions. . . .	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>
b City.	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>
c State.	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>
d ZIP code.	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>

Part IV California Earned Income

13 Wages, salaries, tips, and other employee compensation, subject to California withholding. See instructions. . . .	<input checked="" type="radio"/> 13	<input type="text" value="13280"/>	<input type="text" value="00"/>
14 Prison inmate wages. See instructions.	<input type="radio"/> 14	<input type="text"/>	<input type="text" value="00"/>
15 Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan. See instructions.	<input type="radio"/> 15	<input type="text"/>	<input type="text" value="00"/>
16 Subtract line 14 and line 15 from line 13.	<input checked="" type="radio"/> 16	<input type="text" value="13280"/>	<input type="text" value="00"/>
17 Nontaxable combat pay. See instructions.	<input type="radio"/> 17	<input type="text"/>	<input type="text" value="00"/>
18 Business income or (loss). Enter amount from Worksheet 3, line 5. See instructions.	<input type="radio"/> 18	<input type="text"/>	<input type="text" value="00"/>
a Business name.	<input type="radio"/>	<input type="text"/>	
b Business address	<input type="radio"/>	<input type="text"/>	
City, state, and zip code	<input type="radio"/>	<input type="text"/>	
c Business license number	<input type="radio"/>	<input type="text"/>	
d SEIN.	<input type="radio"/>	<input type="text"/>	
e Business code	<input type="radio"/>	<input type="text"/>	
19 California Earned Income. Add line 16, line 17, and line 18.	<input checked="" type="radio"/> 19	<input type="text" value="13280"/>	<input type="text" value="00"/>

Part V California Earned Income Tax Credit (Complete Step 6 in the instructions.)

20 California EITC. Enter amount from California Earned Income Tax Credit Worksheet, Part III, line 6. This amount should also be entered on Form 540, line 75; or Form 540 2EZ, Line 23	<input checked="" type="radio"/> 20	<input type="text" value="18"/>	<input type="text" value="00"/>
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Part VI Nonresident or Part-Year Resident California Earned Income Tax Credit

21 CA Exemption Credit Percentage from Form 540NR (Long or Short), line 38.	<input checked="" type="radio"/> 21	<input type="text"/>	
22 Nonresident or Part-Year Resident EITC. Multiply line 20 by line 21. This amount should also be entered on Form 540NR (Long or Short), line 85	<input checked="" type="radio"/> 22	<input type="text"/>	<input type="text" value="00"/>



TAXABLE YEAR

FORM

2017

California e-file Signature Authorization for Individuals

8879

Your name WILLIAM WASHINGTON Your SSN or ITIN 123-00-1111 Spouse's/RDP's name Spouse's/RDP's SSN or ITIN

Part I Tax Return Information (whole dollars only)

Table with 3 rows: 1 California Adjusted Gross Income... 13280; 2 Amount You Owe...; 3 Refund or No Amount Due... 354

Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2017, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's PIN: check one box only

I authorize PRACTICE LAB to enter my PIN 11111 as my signature on my 2017 e-filed California individual income tax return.

Your signature Date 12/21/2017

Spouse's/RDP's PIN: check one box only

I authorize to enter my PIN as my signature on my 2017 e-filed California individual income tax return.

Spouse's/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 36925898765 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2017 California individual income tax return for the taxpayer(s) indicated above.

ERO's signature Date 12/21/2017

TAXABLE YEAR

FORM

2017 California e-file Payment Record for Individuals**8455**

Your name WILLIAM WASHINGTON	Your SSN or ITIN 123-00-1111
Spouse's/RDP's name	Spouse's/RDP's SSN or ITIN

Part I Tax Return Information (Whole Dollars Only)

- 1 California Adjusted Gross Income. (Form 540, line 17; Form 540 2EZ, line 16; Long Form 540NR, line 32; or Short Form 540NR, line 32)1 13280.
- 2 Amount You Owe. (Form 540, line 111; Form 540 2EZ, line 31; Long Form 540NR, line 121; or Short Form 540NR, line 121; Schedule X, Line 7)2 .

Part II Return Payment Information for Taxable Year 2017 (Payment due 4/17/2018)

- 3 Electronic Funds Withdrawal Amount .
- 4 Withdrawal Date (mm/dd/yyyy) / /

Part III Scheduled Estimated Tax Payments for Taxable Year 2018 These are **NOT** installments of the current amount you owe.

	First Payment Due 4/17/2018	Second Payment Due 6/15/2018	Third Payment Due 9/17/2018	Fourth Payment Due 1/15/2019
5 Amount				
6 Withdrawal Date				

Part IV Banking Information for Electronic Funds Withdrawals from Parts II and III

- 7 Routing number 121042882
- 8 Account number 2345678901
- 9 Type of account: Checking Savings

General Information

Form FTB 8455, California e-file Payment Record for Individuals, is a summary of electronic funds withdrawals that you have authorized with your 2017 e-file tax return as part of your California e-file Signature Authorization for Individuals (form FTB 8879). You are to receive a copy of form FTB 8455 or a comparable form at the time you sign form FTB 8879. Form FTB 8455 does not serve as proof of filing or proof of payment. Your proof of filing is the acknowledgement containing the date we accepted your tax return. Your proof of payment is your banking records.

Be sure the banking information is correct before transmitting your tax return. If the bank or financial institution rejects the electronic funds withdrawal due to an error in the routing number or account number, we will send you a notice that may include penalties and interest.

To cancel your tax return payment or an estimated tax payment, you must call FTB e-Programs Customer Service at 916.845.0353 at least two working days before the scheduled date of the payment.

If you cancel a payment, you are still liable for any amount you owe. Make your payments by the due dates above to avoid a late payment penalty. For more payment options, go to ftb.ca.gov/pay.

KEEP THIS FORM FOR YOUR RECORDS – DO NOT MAIL TO THE FRANCHISE TAX BOARD (FTB)

f. Can you be claimed as a dependent on someone else's 2016 tax return?

- Yes** Stop here, you cannot take the credit.
- No** Go to Step 5.

Step 5 California Earned Income

Complete lines 13 through 16 to figure your California earned income. **California earned income does not include self-employment income.**

Line 13 – Wages, salaries, tips, and other employee compensation, subject to California withholding

Enter the amount from Form 540, line 12; Form 540 2EZ, line 9; Long Form 540NR, line 12; or Short Form 540NR, line 12. Exclude any Medicaid waiver payments, In Home Supportive Services (IHSS) payments, or IHSS supplementary payments that are nontaxable for federal purposes that are included on Form 540, line 12; Form 540 2EZ, line 9; Long Form 540NR, line 12; or Short Form 540NR, line 12.

If you elect to include your nontaxable military combat pay in earned income for California EITC purposes, include the amount from federal Form W-2, Wage and Tax Statement, Box 12, Code Q. If you are filing a joint return, both you and/or your spouse/RDP can elect to include your own nontaxable military combat pay for California EITC purposes. Each must include all of their nontaxable military combat pay, not just a portion of it. You may elect to include nontaxable military combat pay in earned income for California EITC purposes, whether or not you elect to include it for federal purposes.

Step 6 How to Figure the CA EITC

Complete the California Earned Income Tax Credit Worksheet below.

Line 14 – Prison inmate wages

Enter the amount included on line 13, that you received for work performed while an inmate in a penal institution.

Line 15 – Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental Section 457 plan

Enter the amount included on line 13, that you received as a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental Section 457 plan. This amount may be shown on Form W-2, box 11. If you received such an amount and box 11 is blank, contact your employer for the amount received as a pension or annuity.

After completing Step 5 go to Step 6.

California Earned Income Tax Credit Worksheet

Part I – All Filers

1. Enter your California earned income from form FTB 3514, line 16. If the amount is zero or less, stop here	1	13280
2. Look up the amount on line 1 in the EITC Table to find the credit. Be sure you use the correct column for the number of qualifying children you have. Enter the credit here If the amount on line 2 is zero, stop here. You cannot take the credit.	2	18
3. Enter the amount from federal Form 1040, line 38; federal Form 1040A, line 22; or federal Form 1040EZ, line 4.	3	13280
4. Are the amounts on lines 1 and 3 the same? Yes Skip line 5; and enter the amount from line 2 on line 6. No Go to line 5.		

Part II – Filers who Answered “No” on Line 4

5. If you have:		
<ul style="list-style-type: none"> • No qualifying children, is the amount on line 3 less than \$3,359? • 1 qualifying child, is the amount on line 3 less than \$5,044? • 2 or more qualifying children, is the amount on line 3 less than \$7,081? 		
Yes Leave line 5 blank; enter the amount from line 2 on line 6.		
No Look up the amount on line 3 in the EITC Table to find the credit. Be sure you use the correct column for the number of qualifying children you have. Enter the credit here. Look at the amounts on line 5 and line 2, enter the smaller amount on line 6.	5	_____

Part III – Your Earned Income Tax Credit

6. This is your California earned income tax credit. Enter this amount on form FTB 3514, line 17.	6	18
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