

**JESSE CASH
1717 TUDOR AVENUE
ARCATA, CA 95521
2017 INCOME TAX RETURN**

TAX YEAR: 2017

PROCESS DATE: 12/21/2017

CLIENT : 345-00-1111 JESSE J CASH

BIRTH DATE : 12/28/1995 / Age: 22

ADDRESS : 1717 TUDOR AVENUE
: ARCATA CA 95521

PREPARER : 995

Home : (415) 767-0285

PREPARER FEE:

Work : -

ELECTRONIC :

Cell : -

TOTAL FEES :

STATUS : 1

FED TYPE: Electronic Mail

ST TYPE : Electronic Mail

E-MAIL :

LISTING OF FORMS FOR THIS RETURN

FORM 1040
FORM W-2
FORM W-2G
FORM 8879 (E-FILE SIGNATURE AUTHORIZATION)
CA STATE RESIDENT RETURN

* QUICK SUMMARY *

SUMMARY	FEDERAL	CA RESIDENT
FILING STATUS	1	1
TOTAL INCOME	2023	2023
TOTAL ADJUSTMENTS	0	-1000
ADJUSTED GROSS INCOME	2023	1023
DEDUCTIONS	1373	1373
EXEMPTIONS	0	0
TAXABLE INCOME	650	0
TAX	66	0
CREDITS	0	0
PAYMENTS	196	40
EARNED INCOME CREDIT	0	0
REFUND	130	40
AMOUNT DUE	0	0

* W-2 INCOME FORMS SUMMARY *

T/S	EMPLOYER	WAGES	FED WITH	FICA	MED TAX	STATE WITH ST
1.	T THE BAGEL SHOP	1023	96	63	15	40 CA
	TOTALS.....	1023	96	63	15	40

CLIENT : JESSE CASH

345-00-1111

PREPARER : 995 DATE : 12/21/2017

* W-2G INCOME FORMS SUMMARY *

	<u>[T/S]</u>	<u>PAYER</u>	<u>GROSS WINNING</u>	<u>FED WITH</u>	<u>STATE WITH ST</u>
1.	T	CA LOTTERY	1000	100	0
		TOTALS.....	1000	100	0

a Employee's social security number 345-00-1111		OMB No. 1545-0008		Safe, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile					
b Employer identification number (EIN) 20-5111111				1 Wages, tips, other compensation 1023		2 Federal income tax withheld 96							
c Employer's name, address, and ZIP code THE BAGEL SHOP 2013 MAIN STREET ARCATA CA 95521				3 Social security wages 1023		4 Social security tax withheld 63							
				5 Medicare wages and tips 1023		6 Medicare tax withheld 15							
				7 Social security tips		8 Allocated tips							
d Control number				9 Verification code		10 Dependent care benefits							
e Employee's first name and initial JESSE J		Last name CASH		Suff.		11 Nonqualified plans		12a See instructions for box 12					
1717 TUDOR AVENUE ARCATA CA 95521				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b							
				14 Other CASDI 14		12c							
				12d									
f Employee's address and ZIP code													
15 State CA		Employer's state ID number 2341293037		16 State wages, tips, etc. 1023		17 State income tax 40		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					
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b							
				14 Other		12c							
				12d									
f Employee's address and ZIP code													
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

CORRECTED (if checked)

OMB No. 1545-0238

2016

Form W-2G

**Certain
Gambling
Winnings**

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

**Copy C
For Winner's Records**

PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code CA LOTTERY 700 NORTH 10TH STREET SACRAMENTO CA 95811		1 Gross winnings \$1000	2 Date won 07/04/2017
		3 Type of wager CA LOTTERTY	4 Federal income tax withheld \$100
		5 Transaction	6 Race
PAYER'S federal identification number 10-7111112		PAYER'S telephone number 916-767-2876	7 Winnings from identical wagers \$0
WINNER'S name JESSE J CASH		9 Winner's taxpayer identification no. 345-00-1111	8 Cashier
Street address (including apt. no.) 1717 TUDOR AVENUE		11 First I.D.	10 Window
City or town, province or state, country, and ZIP or foreign postal code ARCATA CA 95521		13 State/Payer's state identification no.	12 Second I.D.
		15 State income tax withheld \$0	14 State winnings \$0
		17 Local income tax withheld \$0	16 Local winnings \$0
		18 Name of locality	

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.

Signature ►

Date ►

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 JESSE CASH 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.

IRS e-file Signature Authorization

2017

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.**

Submission Identification Number (SID) ▶

Taxpayer's name JESSE J CASH	Social security number 345-00-1111
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	2023
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	66
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	196
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	130
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
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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.

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
---	---	---	---	---	---	---	---	---	---	---

 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

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning _____, 2017, ending _____, 20 See separate instructions.

Your first name and initial **JESSE J** Last name **CASH** Your social security number **345-00-1111**

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. **1717 TUDOR AVENUE** Apt. no. **▲** Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **ARCATA, CA 95521** Presidential Election Campaign

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____ 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. You Spouse

Filing Status 1 Single 4 Head of household (with qualifying person). (See instructions.)
 2 Married filing jointly (even if only one had income) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
 3 Married filing separately. Enter spouse's SSN above and full name here. ▶ 5 Qualifying widow(er) (see instructions)

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a } Boxes checked on 6a and 6b **0**
 b Spouse } No. of children on 6c who:
 • lived with you **0**
 • did not live with you due to divorce or separation (see instructions) **0**
 c Dependents:
 (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if child under age 17 qualifying for child tax credit (see instructions)
 If more than four dependents, see instructions and check here Dependents on 6c not entered above **0**
 Add numbers on lines above ▶ **0**
 d Total number of exemptions claimed

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 **1023**
 8a Taxable interest. Attach Schedule B if required 8a
 b Tax-exempt interest. Do not include on line 8a 8b
 9a Ordinary dividends. Attach Schedule B if required 9a
 b Qualified dividends 9b
 10 Taxable refunds, credits, or offsets of state and local income taxes 10
 11 Alimony received 11
 12 Business income or (loss). Attach Schedule C or C-EZ 12
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 13
 14 Other gains or (losses). Attach Form 4797 14
 15a IRA distributions 15a b Taxable amount 15b
 16a Pensions and annuities 16a b Taxable amount 16b
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17
 18 Farm income or (loss). Attach Schedule F 18
 19 Unemployment compensation 19
 20a Social security benefits 20a b Taxable amount 20b
 21 Other income. List type and amount **GAMBLING WINNINGS** 21 **1000**
 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ 22 **2023**

Adjusted Gross Income 23 Educator expenses 23
 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24
 25 Health savings account deduction. Attach Form 8889 25
 26 Moving expenses. Attach Form 3903 26
 27 Deductible part of self-employment tax. Attach Schedule SE 27
 28 Self-employed SEP, SIMPLE, and qualified plans 28
 29 Self-employed health insurance deduction 29
 30 Penalty on early withdrawal of savings 30
 31a Alimony paid b Recipient's SSN ▶ 31a
 32 IRA deduction 32
 33 Student loan interest deduction 33
 34 Reserved for future use 34
 35 Domestic production activities deduction. Attach Form 8903 35
 36 Add lines 23 through 35 36
 37 Subtract line 36 from line 22. This is your adjusted gross income ▶ 37 **2023**

**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

JESSE CASH

345-00-1111

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	54	
	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	54	
	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	54	
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ <input type="checkbox"/>			

CASH

Standard Deduction Worksheet for Dependents—Line 40

Keep for Your Records



Use this worksheet **only** if someone can claim you, or your spouse if filing jointly, as a dependent.

<p>1. Is your earned income* more than \$700?</p> <p><input checked="" type="checkbox"/> Yes. Add \$350 to your earned income. Enter the total</p> <p><input type="checkbox"/> No. Enter \$1,050</p>	}	1.	1373
<p>2. Enter the amount shown below for your filing status.</p> <ul style="list-style-type: none"> • Single or married filing separately—\$6,350 • Married filing jointly—\$12,700 • Head of household—\$9,350 	}	2.	6350
3. Standard deduction.				
<p>a. Enter the smaller of line 1 or line 2. If born after January 1, 1953, and not blind, stop here and enter this amount on Form 1040, line 40. Otherwise, go to line 3b</p>			3a.	1373
<p>b. If born before January 2, 1953, or blind, multiply the number on Form 1040, line 39a, by \$1,250 (\$1,550 if single or head of household)</p>			3b.	_____
<p>c. Add lines 3a and 3b. Enter the total here and on Form 1040, line 40</p>			3c.	1373
<p><i>* Earned income includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any taxable scholarship or fellowship grant. Generally, your earned income is the total of the amount(s) you reported on Form 1040, lines 7, 12, and 18, minus the amount, if any, on line 27.</i></p>				

QNA

2016 California Resident Income Tax Return

540

ATTACH FEDERAL RETURN

345-00-1111 CASH
JESSE J CASH

17 PBA 999999

A
R
RP

1717 TUDOR AVENUE
ARCATA CA 95521

12-28-1995

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. X \$111 =

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

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

Exemptions

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

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

Total dependent exemptions X \$344 =

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

Your name: JESSE J CASH

Your SSN or ITIN: 345-00-1111

Taxable Income

12 State wages from your Form(s) W-2, box 16. ● 12 1023.00

13 Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4. ● 13 2023.00

14 California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B. ● 14 1000.00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions. ● 15 1023.00

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 1023.00

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 1373.00

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 \$182,459, see instructions . . . ● 32 .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: JESSE J CASH

Your SSN or ITIN: 345-00-1111

Payments	71	California income tax withheld. See instructions	● 71	40	.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		.00
	76	Add lines 71 through 75. These are your total payments. See instructions	⊙ 76	40	.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	40	.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	40	.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	40	.00
	97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64	⊙ 97		.00



Your name: JESSE J CASH

Your SSN or ITIN: 345-00-1111

		Code	Amount
Contributions	California Seniors Special Fund. See instructions	● 400	<input type="text"/> .00
	Alzheimer's Disease/Related Disorders Fund	● 401	<input type="text"/> .00
	Rare and Endangered Species Preservation Program	● 403	<input type="text"/> .00
	California Breast Cancer Research Fund	● 405	<input type="text"/> .00
	California Firefighters' Memorial Fund	● 406	<input type="text"/> .00
	Emergency Food for Families 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 Fund	● 413	<input type="text"/> .00
	RESERVED (DO NOT USE)		<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 Fund	● 424	<input type="text"/> .00
	Keep Arts in Schools 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
110 Add code 400 through code 435. 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.**

Amount You Owe

Mail to: **FRANCHISE TAX BOARD**

PO BOX 942867

SACRAMENTO CA 94267-0001

● 111

.00

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

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

Refund and Direct Deposit

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

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

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

● 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

()

2016 California Adjustments – Residents

CA (540)

Important: Attach this schedule behind Form 540, Side 5 as a supporting California schedule.

Names(s) as shown on tax return
JESSE J CASH

SSN or ITIN
345-00-1111

Part I Income Adjustment Schedule

Section A – Income

	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
7 Wages, salaries, tips, etc. See instructions before making an entry in column B or C	<input checked="" type="radio"/> 1023	<input checked="" type="radio"/>	<input checked="" type="radio"/>
8 Taxable interest (b) 8(a)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
9 Ordinary dividends. See instructions. (b) 9(a)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
10 Taxable refunds, credits, offsets of state and local income taxes 10	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
11 Alimony received 11	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
12 Business income or (loss) 12	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
13 Capital gain or (loss). See instructions. 13	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
14 Other gains or (losses) 14	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
15 IRA distributions. See instructions. (a) 15(b)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
16 Pensions and annuities. See instructions. (a) 16(b)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc 17	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
18 Farm income or (loss) 18	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
19 Unemployment compensation 19	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
20 Social security benefits (a) <input checked="" type="radio"/> 20(b)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
21 Other income.			
a California lottery winnings		a <input checked="" type="radio"/> 1000	a <input checked="" type="radio"/>
b Disaster loss deduction from FTB 3805V		b <input checked="" type="radio"/>	b <input checked="" type="radio"/>
c Federal NOL (Form 1040, line 21)		c <input checked="" type="radio"/>	c <input checked="" type="radio"/>
d NOL deduction from FTB 3805V		d <input checked="" type="radio"/>	d <input checked="" type="radio"/>
e NOL from FTB 3805D, 3805Z, 3806, 3807, or 3809	e <input checked="" type="radio"/> 1000	e <input checked="" type="radio"/>	e <input checked="" type="radio"/>
f Other (describe): <input checked="" type="radio"/>	f <input checked="" type="radio"/>	f <input checked="" type="radio"/>	f <input checked="" type="radio"/>
22 Total. Combine line 7 through line 21 in column A. Add line 7 through line 21f in column B and column C. Go to Section B. 22	<input checked="" type="radio"/> 2023	<input checked="" type="radio"/> 1000	<input checked="" type="radio"/>

Section B – Adjustments to Income

23 Educator expenses 23	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
24 Certain business expenses of reservists, performing artists, and fee-basis government officials 24	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
25 Health savings account deduction 25	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
26 Moving expenses 26	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
27 Deductible part of self-employment tax 27	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
28 Self-employed SEP, SIMPLE, and qualified plans 28	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
29 Self-employed health insurance deduction 29	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
30 Penalty on early withdrawal of savings 30	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
31a Alimony paid. (b) Recipient's: SSN <input checked="" type="radio"/> - - - - -			
Last name <input checked="" type="radio"/> 31a	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
32 IRA deduction 32	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
33 Student loan interest deduction 33	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
34 Tuition and fees 34	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
35 Domestic production activities deduction. 35	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
36 Add line 23 through line 31a and line 32 through line 35 in columns A, B, and C. See instructions 36	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
37 Total. Subtract line 36 from line 22 in columns A, B, and C. See instructions 37	<input checked="" type="radio"/> 2023	<input checked="" type="radio"/> 1000	<input checked="" type="radio"/>

Part II Adjustments to Federal Itemized Deductions

38 Federal itemized deductions. Enter the amount from federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28 **38**

39 Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax) and line 8 (foreign income taxes **only**). See instructions **39**

40 Subtract line 39 from line 38 **40**

41 Other adjustments including California lottery losses. See instructions. Specify **41**

42 Combine line 40 and line 41 **42**

43 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?
Single or married/RDP filing separately **\$182,459**
Head of household **\$273,692**
Married/RDP filing jointly or qualifying widow(er) **\$364,923**

No. Transfer the amount on line 42 to line 43. **43**

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 43. **43**

44 Enter the larger of the amount on line 43 or your standard deduction listed below
Single or married/RDP filing separately. See instructions. **\$4,129**
Married/RDP filing jointly, head of household, or qualifying widow(er) **\$8,258**

Transfer the amount on line 44 to Form 540, line 18. **44**



TAXABLE YEAR

FORM

2017

California e-file Signature Authorization for Individuals

8879

Your name: JESSE J CASH; Your SSN or ITIN: 345-00-1111; 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 (1023), 2 Amount You Owe (2), 3 Refund or No Amount Due (40)

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.

I will enter my PIN as my signature on my 2017 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

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.

I will enter my PIN as my signature on my 2017 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

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 JESSE J CASH	Your SSN or ITIN 345-00-1111
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** 1023.
- 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 _____
- 8 Account number _____
- 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)

If you did not itemize deductions on your federal income tax return but will itemize deductions for your Form 540, first complete federal Schedule A (Form 1040), Itemized Deductions. Then complete Schedule CA (540), Part II, line 38 through line 44. Attach both the federal Schedule A (Form 1040) and California Schedule CA (540) to the back of your tax return.

Standard deduction. Find your standard deduction on the California Standard Deduction Chart for Most People. If you checked the box on Form 540, line 6, use the California Standard Deduction Worksheet for Dependents.

California Standard Deduction Chart for Most People	
Do not use this chart if your parent, or someone else, can claim you (or your spouse/RDP) as a dependent on their tax return.	
Your Filing Status	Enter On Line 18
1 – Single	\$4,129
2 – Married/RDP filing jointly	\$8,258
3 – Married/RDP filing separately	\$4,129
4 – Head of household	\$8,258
5 – Qualifying widow(er)	\$8,258

The California standard deduction amounts are less than the federal standard deduction amounts.

California Standard Deduction Worksheet for Dependents	
Use this worksheet only if your parent, or someone else, can claim you (or your spouse/RDP) as a dependent on their return. Use whole dollars only.	
1. Enter your earned income from: line 1 of the "Standard Deduction Worksheet for Dependents" in the instructions for federal Form 1040; Form 1040A; or from line A of the worksheet on the back of Form 1040EZ	1 1373
2. Minimum standard deduction	2 \$1,050.00
3. Enter the larger of line 1 or line 2 here	3 1373
4. Enter the amount shown for your filing status	
• Single or married/RDP filing separately, enter \$4,129	} 4 4236
• Married/RDP filing jointly, head of household, or qualifying widow(er), enter \$8,258	
5. Standard deduction. Enter the smaller of line 3 or line 4 here and on Form 540, line 18	5 1373

Line 19 – Taxable Income

Capital Construction Fund (CCF). If you claim a deduction on your federal Form 1040, line 43 for the contribution made to a capital construction fund set up under the Merchant Marine Act of 1936, reduce the amount you would otherwise enter on line 19 by the amount of the deduction. Next to line 19, enter "CCF" and the amount of the deduction. For details, see federal Publication 595, Capital Construction Fund for Commercial Fishermen.

Tax

When figuring your tax, use the correct filing status and taxable income amount.

Line 31 – Tax

To figure your tax, use one of the following methods and check the matching box on line 31:

- **Tax Table.** If your taxable income on line 19 is \$100,000 or less, use the tax table beginning on page 79. Use the correct filing status column in the tax table.

- **Tax Rate Schedules.** If your taxable income on line 19 is over \$100,000, use the tax rate schedule for your filing status on page 84.
- **FTB 3800.** Generally, use form FTB 3800, Tax Computation for Certain Children with Investment Income, to figure the tax on a separate Form 540 for your child who was 18 and under or a student under age 24 on January 1, 2017, and who had more than \$2,100 of investment income. Attach form FTB 3800 to the child's Form 540.
- **FTB 3803.** If, as a parent, you elect to report your child's interest and dividend income of \$10,500 or less (but not less than \$1,050) on your tax return, complete form FTB 3803, Parents' Election to Report Child's Interest and Dividends. File a separate form FTB 3803 for each child whose income you elect to include on your Form 540. Add the amount of tax, if any, from each form FTB 3803, line 9, to the amount of your tax from the tax table or tax rate schedules and enter the result on Form 540, line 31. Attach form(s) FTB 3803 to your tax return.

To prevent possible delays in processing your tax return or refund, enter the correct tax amount on this line. To automatically figure your tax or to verify your tax calculation, use our online tax calculator. Go to ftb.ca.gov and search for **tax calculator**.



CalFile or e-file and you won't have to do the math. Go to ftb.ca.gov and search for **efile**.

Line 32 – Exemption Credits

Exemption credits reduce your tax. If your federal adjusted gross income (AGI) on line 13 is more than the amount shown below for your filing status, your credits will be limited.

For purposes of computing limitations based upon AGI, RDPs, recalculate their AGI using a federal pro forma or California RDP Adjustments Worksheet (located in FTB Pub. 737). If your recalculated federal AGI is more than the amount shown below for your filing status, your credits will be limited.

If your filing status is:	Is line 13 more than:
Single or married/RDP filing separately	\$182,459
Married/RDP filing jointly or qualifying widow(er)	\$364,923
Head of household	\$273,692
Yes	Complete the AGI Limitation Worksheet below.
No	Follow the instructions on Form 540, line 32.

AGI Limitation Worksheet	
Use whole dollars only.	
a Enter the amount from line 13	a _____
b Enter the amount for your filing status on line b:	
• Single or married/RDP filing separately . . . \$182,459	} b _____
• Married/RDP filing jointly or qualifying widow(er) \$364,923	
• Head of household \$273,692	
c Subtract line b from line a	c _____
d Divide line c by \$2,500 (\$1,250 if married/RDP filing separately). If the result is not a whole number, round it to the next higher whole number	d _____
e Multiply line d by \$6	e _____
f Add the numbers from the boxes on lines 7, 8, and 9 (not the dollar amounts)	f _____
g Multiply line e by line f	g _____
h Add the total dollar amount from lines 7, 8, and 9	h _____
i Subtract line g from line h. If zero or less, enter -0-	i _____
j Enter the number from the box on line 10 (not the dollar amount)	j _____
k Multiply line e by line j	k _____
l Enter the dollar amount from line 10	l _____
m Subtract line k from line l. If zero or less, enter -0-	m _____
n Add line i and line m. Enter the result here and on line 32. n	n _____