

**RAQUEL RANGEL INSTRUCTOR SITE
123 VITA BLVD
OAKLAND, CA 94612
Office: (510) 555-5555**

**WILLIAM WASHINGTON
200 SISTERS LANE
SAN FRANCISCO, CA 94110
2015 INCOME TAX RETURN**

RAQUEL RANGEL INSTRUCTOR SITE
 123 VITA BLVD
 OAKLAND CA 94612
 (510) 555-5555

WILLIAM WASHINGTON
 200 SISTERS LANE
 SAN FRANCISCO CA 94110
 (415) 767-0121

Preparer No.: 995
 Client No. : XXX-XX-0001
 Invoice Date: 09/06/2016

INVOICE

Description	Amount
PREPARATION OF 2015 FEDERAL/STATE FORMS & WORKSHEETS: FORM 1040 EZ EIC WITH NO DEPENDENTS FORM W-2 (WAGES AND TAX) FORM 8879 (E-FILE SIGNATURE AUTHORIZATION) FORM 8867 (EIC CHECKLIST) CA STATE RESIDENT RETURN	
	Total Invoice
	\$0.00
	Amount Paid
	\$0.00
	Balance Due
	\$0.00

TAX YEAR: 2015
 CLIENT : 123-00-0001 WILLIAM WASHINGTON
 ADDRESS : 200 SISTERS LANE
 : SAN FRANCISCO CA 94110

PROCESS DATE: 09/06/2016
 BIRTH DATE : 03/11/1989
 PREPARER : 995

Phone #1: (415) 767-0121
 Phone #2: -
 Phone #3: -
 STATUS : 1
 FED TYPE: Direct Deposit
 ST TYPE : Direct Deposit
 E-MAIL :

PREPARER FEE:
 ELECTRONIC :
 TOTAL FEES :

LISTING OF FORMS FOR THIS RETURN

FORM 1040EZ
 FORM W-2
 EARNED INCOME CREDIT WITH NO DEPENDENTS
 FORM 8867 (EIC CHECKLIST)
 FORM 8879 (E-FILE SIGNATURE AUTHORIZATION)
 CA STATE RESIDENT RETURN

* QUICK SUMMARY *

SUMMARY	FEDERAL	CA RESIDENT
FILING STATUS	1	1
TOTAL INCOME	13280	13280
TOTAL ADJUSTMENTS	0	0
ADJUSTED GROSS INCOME	13280	13280
DEDUCTIONS	6300	4044
EXEMPTIONS	4000	0
TAXABLE INCOME	2980	9236
TAX	299	0
CREDITS	0	60
PAYMENTS	424	336
EARNED INCOME CREDIT	118	0
REFUND	243	336
AMOUNT DUE	0	0

* W-2 INCOME FORMS SUMMARY *

T/S EMPLOYER	WAGES	FED WITH	FICA	MED TAX	STATE WITH ST
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PREPARER : 995 DATE : 09/06/2016

LISTING OF FORMS FOR THIS RETURN

* 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 KAIZI	13280	424	823	193	336 CA
	TOTALS.....	13280	424	823	193	336

		a Employee's social security number 123-00-0001		OMB No. 1545-0008		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.	
b Employer identification number (EIN) 20-4000001				1 Wages, tips, other compensation 13280		2 Federal income tax withheld 424	
c Employer's name, address, and ZIP code KAIZI 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		10 Dependent care benefits	
e Employee's first name and initial WILLIAM		Last name WASHINGTON		Suff.		11 Nonqualified plans	
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"/>		12a See instructions for box 12 DD 8950	
				14 Other CASDI 105		12b	
						12c	
						12d	
f Employee's address and ZIP code							
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	

		a Employee's social security number		OMB No. 1545-0008		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.	
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		10 Dependent care benefits	
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans	
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12a See instructions for box 12	
				14 Other		12b	
						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	

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. This is not a tax return.
▶ Keep this form for your records.
▶ Information about Form 8879 and its instructions is at www.irs.gov/form8879.

2015

Submission Identification Number (SID) ▶

Taxpayer's name WILLIAM WASHINGTON	Social security number 123-00-0001
Spouse's name	Spouse's social security number

Part I Tax Return Information—Tax Year Ending December 31, 2015 (Whole Dollars Only)

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	13280
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12)	2	299
3 Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7)	3	424
4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a)	4	243
5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14)	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, 2015, and to the best of my knowledge and belief, it is true, correct, and complete. 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 RAQUEL RANGEL INSTRUCTOR SITE to enter or generate my PIN

ERO firm name

1 0 0 0 1

Enter five digits, but do not enter all zeros

as my signature on my tax year 2015 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2015 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 ▶ 09/06/2016

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN

ERO firm name

Enter five digits, but do not enter all zeros

as my signature on my tax year 2015 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2015 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

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2015 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 **Publication 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ RAQUEL RANGEL INSTRUCTOR SITE Date ▶ 09/06/2016
RAQUEL RANGEL

ERO Must Retain This Form — See Instructions
Do Not 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)

2015

OMB No. 1545-0074

Your first name and initial WILLIAM		Last name WASHINGTON	Your social security number 123-00-0001
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.
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 \$10,300 if single ; \$20,600 if married filing jointly . See back for explanation.	5	10300
	6	Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your taxable income .	6	2980

Payments, Credits, and Tax	7	Federal income tax withheld from Form(s) W-2 and 1099.	7	424
	8a	Earned income credit (EIC) (see instructions)	8a	118
	b	Nontaxable combat pay election. 8b		
	9	Add lines 7 and 8a. These are your total payments and credits .	9	542
	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	299
	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	299

Refund	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	243
	b	Routing number 1 2 1 0 4 2 8 8 2	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
	d	Account number 2 3 4 5 6 7 8 9 0 1		

Amount You Owe	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)? <input type="checkbox"/> Yes . Complete below. <input type="checkbox"/> No		
Designee's name	Phone no.	Personal identification number (PIN)	

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 09/06/2016	Your occupation CLERK	Daytime phone number 415-767-0121
Joint return? See instructions. Keep a copy for your records.	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.)

Paid Preparer Use Only	Print/Type preparer's name RAQUEL RANGEL	Preparer's signature	Date 09/06/2016	Check <input type="checkbox"/> if self-employed	PTIN S12345678
	Firm's name RAQUEL RANGEL INSTRUCTOR SITE		Firm's EIN		
	Firm's address 123 VITA BLVD OAKLAND CA 94612		Phone no. 510-555-5555		

Paid Preparer's Earned Income Credit Checklist

▶ **To be completed by preparer and filed with Form 1040, 1040A, or 1040EZ.**
 ▶ **Information about Form 8867 and its separate instructions is at www.irs.gov/form8867.**

Taxpayer name(s) shown on return
WILLIAM WASHINGTON

Taxpayer's social security number
123-00-0001

For the definitions of **Qualifying Child** and **Earned Income**, see **Pub. 596**.

Part I All Taxpayers

<p>1 Enter preparer's name and PTIN ▶ <u>RAQUEL RANGEL S12345678</u></p>	
<p>2 Is the taxpayer's filing status married filing separately?</p> <p>▶ If you checked "Yes" on line 2, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>3 Does the taxpayer (and the taxpayer's spouse if filing jointly) have a social security number (SSN) that allows him or her to work and is valid for EIC purposes? See the instructions before answering</p> <p>▶ If you checked "No" on line 3, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4 Is the taxpayer (or the taxpayer's spouse if filing jointly) filing Form 2555 or 2555-EZ (relating to the exclusion of foreign earned income)?</p> <p>▶ If you checked "Yes" on line 4, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>5a Was the taxpayer (or the taxpayer's spouse) a nonresident alien for any part of 2015?</p> <p>▶ If you checked "Yes" on line 5a, go to line 5b. Otherwise, skip line 5b and go to line 6.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>b Is the taxpayer's filing status married filing jointly?</p> <p>▶ If you checked "Yes" on line 5a and "No" on line 5b, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6 Is the taxpayer's investment income more than \$3,400? See the instructions before answering.</p> <p>▶ If you checked "Yes" on line 6, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>7 Could the taxpayer be a qualifying child of another person for 2015? If the taxpayer's filing status is married filing jointly, check "No." Otherwise, see instructions before answering</p> <p>▶ If you checked "Yes" on line 7, stop; the taxpayer cannot take the EIC. Otherwise, go to Part II or Part III, whichever applies.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

Part II Taxpayers With a Child

Caution: If there is more than one child, complete lines 8 through 14 for one child before going to the next column.

- 8 Child's name
9 Is the child the taxpayer's son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, half brother, half sister, or a descendant of any of them?
10 Was the child unmarried at the end of 2015?
11 Did the child live with the taxpayer in the United States for over half of 2015?
12 Was the child (at the end of 2015)-
13a Do you or the taxpayer know of another person who could check "Yes" on lines 9, 10, 11, and 12 for the child?
b Enter the child's relationship to the other person(s)
c Under the tiebreaker rules, is the child treated as the taxpayer's qualifying child?
14 Does the qualifying child have an SSN that allows him or her to work and is valid for EIC purposes?
15 Are the taxpayer's earned income and adjusted gross income each less than the limit that applies to the taxpayer for 2015?

Table with 3 columns: Child 1, Child 2, Child 3. Rows correspond to questions 8-15. Each cell contains checkboxes for Yes, No, and Don't know.

Part III Taxpayers Without a Qualifying Child

16 Was the taxpayer's main home, and the main home of the taxpayer's spouse if filing jointly, in the United States for more than half the year? (Military personnel on extended active duty outside the United States are considered to be living in the United States during that duty period.) See the instructions before answering.

Yes No

▶ If you checked "No" on line 16, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

17 Was the taxpayer, or the taxpayer's spouse if filing jointly, at least age 25 but under age 65 at the end of 2015? See the instructions before answering

Yes No

▶ If you checked "No" on line 17, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

18 Is the taxpayer eligible to be claimed as a dependent on anyone else's federal income tax return for 2015? If the taxpayer's filing status is married filing jointly, check "No".

Yes No

▶ If you checked "Yes" on line 18, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

19 Are the taxpayer's **earned income** and **adjusted gross income** each less than the limit that applies to the taxpayer for 2015? See instructions

Yes No

▶ If you checked "No" on line 19, **stop**; the taxpayer **cannot** take the EIC. If you checked "Yes" on line 19, the taxpayer can take the EIC. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to find out if **Form 8862** must be filed. Go to line 20.

Part IV Due Diligence Requirements

20 Did you complete Form 8867 based on current information provided by the taxpayer or reasonably obtained by you?

Yes No

21 Did you complete the EIC worksheet found in the Form 1040, 1040A, or 1040EZ instructions (or your own worksheet that provides the same information as the 1040, 1040A, or 1040EZ worksheet)?

Yes No

22 If any qualifying child was not the taxpayer's son or daughter, do you know or did you ask why the parents were not claiming the child?

Yes No
 Does not apply

23 If the answer to question 13a is "Yes" (indicating that the child lived for more than half the year with someone else who could claim the child for the EIC), did you explain the tiebreaker rules and possible consequences of another person claiming your client's qualifying child?

Yes No
 Does not apply

24 Did you ask this taxpayer any additional questions that are necessary to meet your knowledge requirement? See the instructions before answering

Yes No
 Does not apply

To comply with the EIC knowledge requirement, you must not know or have reason to know that any information you used to determine the taxpayer's eligibility for, and the amount of, the EIC is incorrect. You may not ignore the implications of information furnished to you or known by you, and you must make reasonable inquiries if the information furnished to you appears to be incorrect, inconsistent, or incomplete. At the time you make these inquiries, you must document in your files the inquiries you made and the taxpayer's responses.

25 Did you document (a) the taxpayer's answer to question 22 (if applicable), (b) whether you explained the tiebreaker rules to the taxpayer and any additional information you got from the taxpayer as a result, and (c) any additional questions you asked and the taxpayer's answers?

Yes No
 Does not apply

- ▶ You have complied with all the due diligence requirements if you:
 1. Completed the actions described on lines 20 and 21 and checked "Yes" on those lines,
 2. Completed the actions described on lines 22, 23, 24, and 25 (if they apply) and checked "Yes" (or "Does not apply") on those lines,
 3. Submit Form 8867 in the manner required, **and**
 4. Keep all five of the following records for 3 years from the latest of the dates specified in the instructions under *Document Retention*:
 - a. Form 8867,
 - b. The EIC worksheet(s) or your own worksheet(s),
 - c. Copies of any taxpayer documents you relied on to determine eligibility for or amount of EIC,
 - d. A record of how, when, and from whom the information used to prepare the form and worksheet(s) was obtained, and
 - e. A record of any additional questions you asked and your client's answers.

▶ You have not complied with all the due diligence requirements if you checked "No" on line 20, 21, 22, 23, 24, or 25. You may have to pay a \$505 penalty for each failure to comply.

Part V Documents Provided to You

- 26** Identify below any document that the taxpayer provided to you and that you relied on to determine the taxpayer's EIC eligibility. Check all that apply. **Keep a copy of any documents you relied on.** See the instructions before answering. If there is no qualifying child, check box a. If there is no disabled child, check box o.

Residency of Qualifying Child(ren)

- | | |
|---|---|
| <input checked="" type="checkbox"/> a No qualifying child | <input type="checkbox"/> i Place of worship statement |
| <input type="checkbox"/> b School records or statement | <input type="checkbox"/> j Indian tribal official statement |
| <input type="checkbox"/> c Landlord or property management statement | <input type="checkbox"/> k Employer statement |
| <input type="checkbox"/> d Health care provider statement | <input type="checkbox"/> l Other (specify) ▼
_____ |
| <input type="checkbox"/> e Medical records | _____ |
| <input type="checkbox"/> f Child care provider records | _____ |
| <input type="checkbox"/> g Placement agency statement | <input type="checkbox"/> m Did not rely on any documents, but made notes in file |
| <input type="checkbox"/> h Social service records or statement | <input type="checkbox"/> n Did not rely on any documents |

Disability of Qualifying Child(ren)

- | | |
|---|---|
| <input checked="" type="checkbox"/> o No disabled child | <input type="checkbox"/> s Other (specify) ▼
_____ |
| <input type="checkbox"/> p Doctor statement | _____ |
| <input type="checkbox"/> q Other health care provider statement | _____ |
| <input type="checkbox"/> r Social services agency or program statement | <input type="checkbox"/> t Did not rely on any documents, but made notes in file |
| | <input type="checkbox"/> u Did not rely on any documents |

- 27** If a Schedule C is included with this return, identify below the information that the taxpayer provided to you and that you relied on to prepare the Schedule C. Check all that apply. **Keep a copy of any documents you relied on.** See the instructions before answering. If there is no Schedule C, check box a.

Documents or Other Information

- | | |
|--|---|
| <input checked="" type="checkbox"/> a No Schedule C | <input type="checkbox"/> h Bank statements |
| <input type="checkbox"/> b Business license | <input type="checkbox"/> i Reconstruction of income and expenses |
| <input type="checkbox"/> c Forms 1099 | <input type="checkbox"/> j Other (specify) ▼
_____ |
| <input type="checkbox"/> d Records of gross receipts provided by taxpayer | _____ |
| <input type="checkbox"/> e Taxpayer summary of income | _____ |
| <input type="checkbox"/> f Records of expenses provided by taxpayer | <input type="checkbox"/> k Did not rely on any documents, but made notes in file |
| <input type="checkbox"/> g Taxpayer summary of expenses | <input type="checkbox"/> l Did not rely on any documents |

Form 8867 EIC Due Diligence Notes
Taxpayer: WILLIAM WASHINGTON

123-00-0001

EIC Due Diligence Notes:

Worksheet **A**—2015 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.

Part 1


1. Enter your earned income from Step 5.

1	13280
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All Filers Using Worksheet A

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	118
---	-----

If line 2 is zero,  You cannot take the credit. Enter “No” on the dotted line next to line 66a.

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

3	13280
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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.

Part 2

Filers Who Answered “No” on Line 4

5. If you have:
● No qualifying children, is the amount on line 3 less than \$8,250 (\$13,750 if married filing jointly)?
● 1 or more qualifying children, is the amount on line 3 less than \$18,150 (\$23,650 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	
---	--

Part 3

Your Earned Income Credit

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

6	118
---	-----

Enter this amount on Form 1040, line 66a. ⋮

Reminder—

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



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 2015.

Worksheet B—2015 EIC—Lines 66a and 66b

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.

Part 1
Self-Employed, Members of the Clergy, and People With Church Employee Income Filing Schedule SE

- 1a. Enter the amount from Schedule SE, Section A, line 3, or Section B, line 3, whichever applies.
- b. Enter any amount from Schedule SE, Section B, line 4b, and line 5a.
- c. Combine lines 1a and 1b.
- d. Enter the amount from Schedule SE, Section A, line 6, or Section B, line 13, whichever applies.
- e. Subtract line 1d from 1c.

	1a	
+	1b	
=	1c	
-	1d	
=	1e	

Part 2
Self-Employed NOT Required To File Schedule SE

For example, your net earnings from self-employment were less than \$400.

2. Do not 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*.
 - 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*.
 - c. Combine lines 2a and 2b.

	2a	
+	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.*

Part 3
Statutory Employees Filing Schedule C or C-EZ

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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Part 4
All Filers Using Worksheet B


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.

- 4a. Enter your earned income from Step 5.
- b. Combine lines 1e, 2c, 3, and 4a. **This is your total earned income.**

	4a	13280
=	4b	13280

5. If you have:
 - 3 or more qualifying children, is line 4b less than \$47,747 (\$53,267 if married filing jointly)?
 - 2 qualifying children, is line 4b less than \$44,454 (\$49,974 if married filing jointly)?
 - 1 qualifying child, is line 4b less than \$39,131 (\$44,651 if married filing jointly)?
 - No qualifying children, is line 4b less than \$14,820 (\$20,330 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 cannot take the credit. Enter “No” on the dotted line next to line 66a.



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	118
----------	-----

If line 7 is zero, You cannot 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 \$8,250 (\$13,750 if married filing jointly)?
 • 1 or more qualifying children, is the amount on line 8 less than \$18,150 (\$23,650 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

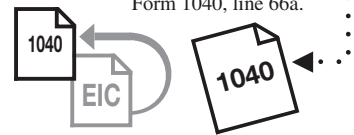
Your Earned Income Credit

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

11	118
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Reminder—

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



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 2015.

2015 California Resident Income Tax Return

540

ATTACH FEDERAL RETURN

123-00-0001 WASH
WILLIAM WASHINGTON

15

A
R
RP

200 SISTERS LANE
SAN FRANCISCO CA 94110

03-11-1989

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 \$109 = ● \$

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 ● 8 X \$109 = ● \$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 ● 9 X \$109 = ● \$

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 \$337 = ● \$

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

Your name: WILLIAM WASHINGTON

Your SSN or ITIN: 123-00-0001

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. \$4,044
 - Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$8,088
 - If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions ● 18 4044.00
- 19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- ● 19 9236.00

Tax

- 31 Tax. Check the box if from: Tax Table Tax Rate Schedule
 - FTB 3800 ● FTB 3803 ● 31 106.00
- 32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$178,706, see instructions. ● 32 109.00
- 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 60.00
- 47 Add line 40 through line 46. These are your total credits ● 47 60.00
- 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: 123-00-0001

Payments	71 California income tax withheld. See instructions ● 71	336	.00
	72 2015 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	336	.00

Use Tax	91 Use Tax. This is not a total line. 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	336	.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	336	.00
	95 Amount of line 94 you want applied to your 2016 estimated tax ● 95		.00
	96 Overpaid tax available this year. Subtract line 95 from line 94 ● 96	336	.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:

123-00-0001

Contributions

	Code	Amount
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
Child Victims of Human Trafficking Fund	● 419	<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
California Senior Legislature Fund	● 427	<input type="text"/> .00
Habitat for Humanity Fund	● 428	<input type="text"/> .00
California Sexual Violence Victim Services Fund	● 429	<input type="text"/> .00
State Children's Trust Fund for the Prevention of Child Abuse.....	● 430	<input type="text"/> .00
Prevention of Animal Homelessness & Cruelty Fund	● 431	<input type="text"/> .00
110 Add code 400 through code 431. This is your total contribution	● 110	<input type="text"/> .00

Your name: WILLIAM WASHINGTON

Your SSN or ITIN: 123-00-0001

Amount You Owe

111 AMOUNT YOU OWE. If you do not have an amount on line 96, add line 93, line 97, and line 110. See instructions. Do not send cash.

Mail to: FRANCHISE TAX BOARD

PO BOX 942867

SACRAMENTO CA 94267-0001

111

00

Pay online - Go to ftb.ca.gov 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

336 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

X

Checking

Account number

116 Direct deposit amount

121042882

Savings

2345678901

336

00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Type

Routing number

Checking

Account number

117 Direct deposit amount

Savings

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)

X

09/06/2016

X

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Joint tax return? (See instructions)

Your email address (optional). Enter only one email address.

Daytime phone number (optional)

415-767-0121

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

RAQUEL RANGEL INSTRUCTOR SITE

S12345678

Firm's address

FEIN

123 VITA BLVD OAKLAND CA 94612

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

510-555-5555

2015 California e-file Signature Authorization for Individuals 8879

Your name WILLIAM WASHINGTON	Your SSN or ITIN 123-00-0001
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 <u>13280</u>
2 Amount You Owe (Form 540, line 111; Form 540 2EZ, line 31; Long Form 540NR, line 121; or Short Form 540NR, line 121)	2 _____
3 Refund or No Amount Due (Form 540, line 115; Form 540 2EZ, line 32; Long Form 540NR, line 125; or Short Form 540NR, line 125)	3 <u>336</u>

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, 2015, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider (including my name, address, and social security number or individual tax identification number) and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent.** If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as 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 RAQUEL RANGEL INSTRUCTOR SITE to enter my PIN

1	0	0	0	1
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Do not enter all zeros
ERO firm name

as my signature on my 2015 e-filed California individual income tax return.

I will enter my PIN as my signature on my 2015 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. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ 09/06/2016

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

I authorize _____ to enter my PIN

--	--	--	--	--

Do not enter all zeros
ERO firm name

as my signature on my 2015 e-filed California individual income tax return.

I will enter my PIN as my signature on my 2015 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. The ERO must complete Part III below.

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.

3	6	9	2	5	8	9	8	7	6	5
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2015 California individual 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 FTB Pub. 1345, 2015 e-file Handbook for Authorized e-file Providers.

ERO's signature ▶ _____ Date ▶ 09/06/2016