

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

**JESSE CASH  
1717 TUDOR AVENUE  
ARCATA, CA 95521  
2015 INCOME TAX RETURN**

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

JESSE CASH  
 1717 TUDOR AVENUE  
 ARCATA CA 95521  
 (415) 767-0285

Preparer No.: 995  
 Client No. : XXX-XX-0002  
 Invoice Date: 09/02/2016

**INVOICE**

Description	Amount
PREPARATION OF 2015 FEDERAL/STATE FORMS & WORKSHEETS:  FORM 1040 DEPENDENT'S STANDARD DEDUCTION WKS FORM W-2 (WAGES AND TAX) FORM W-2G (GAMBLING WINNINGS) FORM 8879 (E-FILE SIGNATURE AUTHORIZATION) CA STATE RESIDENT RETURN	
	<b>Total Invoice</b>
	\$0.00
	<b>Amount Paid</b>
	\$0.00
	<b>Balance Due</b>
	\$0.00

TAX YEAR: 2015

PROCESS DATE: 09/02/2016

CLIENT : 345-00-0002 JESSE CASH

BIRTH DATE : 12/28/1994

ADDRESS : 1717 TUDOR AVENUE  
: ARCATA CA 95521

PREPARER : 995

Phone #1: (415) 767-0285

PREPARER FEE:

Phone #2: -

ELECTRONIC :

Phone #3: -

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	60
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

345-00-0002

PREPARER : 995 DATE : 09/02/2016

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LISTING OF FORMS FOR THIS RETURN

\* W-2G INCOME FORMS SUMMARY \*

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	<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

		<b>a</b> Employee's social security number 345-00-0002		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>b</b> Employer identification number (EIN) 20-5000002				<b>1</b> Wages, tips, other compensation 1023		<b>2</b> Federal income tax withheld 96			
<b>c</b> Employer's name, address, and ZIP code THE BAGEL SHOP 2013 MAIN STREET ARCATA CA 95521				<b>3</b> Social security wages 1023		<b>4</b> Social security tax withheld 63			
				<b>5</b> Medicare wages and tips 1023		<b>6</b> Medicare tax withheld 15			
				<b>7</b> Social security tips		<b>8</b> Allocated tips			
<b>d</b> Control number				<b>9</b>		<b>10</b> Dependent care benefits			
<b>e</b> Employee's first name and initial JESSE		Last name CASH		Suff.		<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12	
<b>f</b> Employee's address and ZIP code 1717 TUDOR AVENUE ARCATA CA 95521				<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>12b</b>			
				<b>14</b> Other CASDI 14		<b>12c</b>			
						<b>12d</b>			
<b>15</b> State CA	Employer's state ID number 2341293037	<b>16</b> State wages, tips, etc. 1023	<b>17</b> State income tax 40	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name			

		<b>a</b> 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>b</b> Employer identification number (EIN)				<b>1</b> Wages, tips, other compensation		<b>2</b> Federal income tax withheld			
<b>c</b> Employer's name, address, and ZIP code				<b>3</b> Social security wages		<b>4</b> Social security tax withheld			
				<b>5</b> Medicare wages and tips		<b>6</b> Medicare tax withheld			
				<b>7</b> Social security tips		<b>8</b> Allocated tips			
<b>d</b> Control number				<b>9</b>		<b>10</b> Dependent care benefits			
<b>e</b> Employee's first name and initial		Last name		Suff.		<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12	
<b>f</b> Employee's address and ZIP code				<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>12b</b>			
				<b>14</b> Other		<b>12c</b>			
						<b>12d</b>			
<b>15</b> State	Employer's state ID number	<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> 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](http://www.irs.gov/form8879).

**2015**

Submission Identification Number (SID) ▶

Taxpayer's name <b>JESSE CASH</b>	Social security number <b>345-00-0002</b>
Spouse's name	Spouse's social security number

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

<b>1</b> Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	<b>1</b>	<b>2023</b>
<b>2</b> Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12)	<b>2</b>	<b>66</b>
<b>3</b> Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7)	<b>3</b>	<b>196</b>
<b>4</b> Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a)	<b>4</b>	<b>130</b>
<b>5</b> Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14)	<b>5</b>	

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

1 0 0 0 2

Enter five digits, but do not enter all zeros

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 ▶ 09/02/2016

**Spouse's PIN: check one box only**

I authorize \_\_\_\_\_ to enter or generate my PIN as my signature on my tax year 2015 electronically filed income tax return.

\_\_\_\_\_

Enter five digits, but do not enter all zeros

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 ▶ 09/02/2016  
RAQUEL RANGEL

**ERO Must Retain This Form — See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning \_\_\_\_\_, 2015, ending \_\_\_\_\_, 20

Your first name and initial: **JESSE** Last name: **CASH** Your social security number: **345-00-0002**

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. Apt. no. **1717 TUDOR AVENUE**

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

Foreign country name: \_\_\_\_\_ Foreign province/state/county: \_\_\_\_\_ Foreign postal code: \_\_\_\_\_

**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.  You  Spouse

**Filing Status**

1  Single

2  Married filing jointly (even if only one had income)

3  Married filing separately. Enter spouse's SSN above and full name here. ▶ \_\_\_\_\_

4  Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ \_\_\_\_\_

5  Qualifying widow(er) with dependent child

Check only one box.

**Exemptions**

6a  Yourself. If someone can claim you as a dependent, do not check box 6a . . . . .

b  Spouse . . . . .

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

d Total number of exemptions claimed . . . . .

**Boxes checked on 6a and 6b** 0

**No. of children on 6c who:**

- lived with you 0
- did not live with you due to divorce or separation (see instructions) 0

**Dependents on 6c not entered above** 0

**Add numbers on lines above ▶** 0

**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 <input type="checkbox"/> . . . . .	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 <u>GAMBLING WINNINGS</u> . . . . .	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	Tuition and fees. Attach Form 8917 . . . . .	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

	<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	2023
<b>Tax and Credits</b>	<b>39a</b>	Check <input type="checkbox"/> You were born before January 2, 1951, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1951, <input type="checkbox"/> Blind. <b>Total boxes checked ▶ 39a</b>	<b>39a</b>	
	<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ <b>39b</b>	<b>39b</b>	
	<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	1373
	<b>41</b>	Subtract line 40 from line 38	<b>41</b>	650
	<b>42</b>	<b>Exemptions.</b> If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	<b>42</b>	
	<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	650
	<b>44</b>	<b>Tax</b> (see instructions). Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>	<b>44</b>	66
	<b>45</b>	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251	<b>45</b>	
	<b>46</b>	Excess advance premium tax credit repayment. Attach Form 8962	<b>46</b>	
	<b>47</b>	Add lines 44, 45, and 46	<b>47</b>	66
<b>Standard Deduction for—</b> • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,250	<b>48</b>	Foreign tax credit. Attach Form 1116 if required	<b>48</b>	
	<b>49</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>	
	<b>50</b>	Education credits from Form 8863, line 19	<b>50</b>	
	<b>51</b>	Retirement savings contributions credit. Attach Form 8880	<b>51</b>	
	<b>52</b>	Child tax credit. Attach Schedule 8812, if required	<b>52</b>	
	<b>53</b>	Residential energy credits. Attach Form 5695	<b>53</b>	
	<b>54</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>54</b>	
	<b>55</b>	Add lines 48 through 54. These are your <b>total credits</b>	<b>55</b>	
	<b>56</b>	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	66
		<b>57</b>	Self-employment tax. Attach Schedule SE	<b>57</b>
<b>Other Taxes</b>	<b>58</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>58</b>	
	<b>59</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>	
	<b>60a</b>	Household employment taxes from Schedule H	<b>60a</b>	
	<b>b</b>	First-time homebuyer credit repayment. Attach Form 5405 if required	<b>60b</b>	
	<b>61</b>	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	<b>61</b>	
	<b>62</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s)	<b>62</b>	
	<b>63</b>	Add lines 56 through 62. This is your <b>total tax</b>	<b>63</b>	66
<b>Payments</b>	<b>64</b>	Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	196
	<b>65</b>	2015 estimated tax payments and amount applied from 2014 return	<b>65</b>	
	<b>66a</b>	<b>Earned income credit (EIC)</b>	<b>66a</b>	
	<b>b</b>	Nontaxable combat pay election <b>66b</b>	<b>66b</b>	
	<b>67</b>	Additional child tax credit. Attach Schedule 8812	<b>67</b>	
	<b>68</b>	American opportunity credit from Form 8863, line 8	<b>68</b>	
	<b>69</b>	Net premium tax credit. Attach Form 8962	<b>69</b>	
	<b>70</b>	Amount paid with request for extension to file	<b>70</b>	
	<b>71</b>	Excess social security and tier 1 RRTA tax withheld	<b>71</b>	
	<b>72</b>	Credit for federal tax on fuels. Attach Form 4136	<b>72</b>	
	<b>73</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input checked="" type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/>	<b>73</b>	
	<b>74</b>	Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>	<b>74</b>	196
	<b>Refund</b>	<b>75</b>	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	<b>75</b>
<b>76a</b>		Amount of line 75 you want <b>refunded to you</b> . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	<b>76a</b>	130
<b>b</b>		Routing number <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> ▶ <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Direct deposit? See instructions.	<b>d</b>	Account number <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		
	<b>77</b>	Amount of line 75 you want <b>applied to your 2016 estimated tax</b>	<b>77</b>	
<b>Amount You Owe</b>	<b>78</b>	<b>Amount you owe.</b> Subtract line 74 from line 63. For details on how to pay, see instructions ▶	<b>78</b>	
	<b>79</b>	Estimated tax penalty (see instructions)	<b>79</b>	

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS (see instructions)?  **Yes.** Complete below.  **No**

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶
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**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date 09/02/16	Your occupation STUDENT	Daytime phone number 415-767-0285
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 09/02/2016	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	



### 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.

<b>1.</b> Is your <b>earned income*</b> more than \$700?			
<input checked="" type="checkbox"/> <b>Yes.</b> Add \$350 to your earned income. Enter the total	}	.....	<b>1.</b> <u>1373</u>
<input type="checkbox"/> <b>No.</b> Enter \$1,050			
<b>2.</b> Enter the amount shown below for your filing status.			
• Single or married filing separately—\$6,300	}	.....	<b>2.</b> <u>6300</u>
• Married filing jointly—\$12,600			
• Head of household—\$9,250			
<b>3. Standard deduction.</b>			
<b>a.</b> Enter the <b>smaller</b> of line 1 or line 2. If born after January 1, 1951, and not blind, <b>stop here</b> and enter this amount on Form 1040, line 40. Otherwise, go to line 3b		.....	<b>3a.</b> <u>1373</u>
<b>b.</b> If born before January 2, 1951, or blind, multiply the number on Form 1040, line 39a, by \$1,250 (\$1,550 if single or head of household)		.....	<b>3b.</b> _____
<b>c.</b> Add lines 3a and 3b. Enter the total here and on Form 1040, line 40		.....	<b>3c.</b> <u>1373</u>

*\* 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.*

# 2015 California Resident Income Tax Return

## 540

ATTACH FEDERAL RETURN

345-00-0002 CASH  
JESSE CASH

15

A  
R  
RP

1717 TUDOR AVENUE  
ARCATA CA 95521

12-28-1994

**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:

Your SSN or ITIN:

Taxable Income

- 12 State wages from your Form(s) W-2, box 16 . . . . . ● 12
- 13 Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4 . . . . . ● 13
- 14 California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B . . . ● 14
- 15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions . . . . . 15
- 16 California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C . . . . . ● 16
- 17 California adjusted gross income. Combine line 15 and line 16 . . . . . ● 17
- 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
- 19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- . . . . . ● 19

Tax

- 31 Tax. Check the box if from:  Tax Table  Tax Rate Schedule
  - FTB 3800 ●  FTB 3803 . . . . . ● 31
- 32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$178,706, see instructions. . . . . ● 32
- 33 Subtract line 32 from line 31. If less than zero, enter -0- . . . . . ● 33
- 34 Tax. See instructions. Check the box if from: ●  Schedule G-1 ●  FTB 5870A. . . . . ● 34
- 35 Add line 33 and line 34. . . . . ● 35

Special Credits

- 40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. . . . . ● 40
- 43 Enter credit name  code ●  and amount . . . ● 43
- 44 Enter credit name  code ●  and amount . . . ● 44
- 45 To claim more than two credits, see instructions. Attach Schedule P (540). . . . . ● 45
- 46 Nonrefundable renter's credit. See instructions . . . . . ● 46
- 47 Add line 40 through line 46. These are your total credits . . . . . ● 47
- 48 Subtract line 47 from line 35. If less than zero, enter -0- . . . . . ● 48

Other Taxes

- 61 Alternative minimum tax. Attach Schedule P (540) . . . . . ● 61
- 62 Mental Health Services Tax. See instructions . . . . . ● 62
- 63 Other taxes and credit recapture. See instructions . . . . . ● 63
- 64 Add line 48, line 61, line 62, and line 63. This is your total tax. . . . . ● 64

Your name:

Your SSN or ITIN:

Payments	71	California income tax withheld. See instructions . . . . .	<input type="radio"/>	71	<input type="text" value="40"/>	<input type="text" value="00"/>
	72	2015 CA estimated tax and other payments. See instructions . . . . .	<input type="radio"/>	72	<input type="text"/>	<input type="text" value="00"/>
	73	Withholding (Form 592-B and/or 593). See instructions . . . . .	<input type="radio"/>	73	<input type="text"/>	<input type="text" value="00"/>
	74	Excess SDI (or VPD) withheld. See instructions . . . . .	<input type="radio"/>	74	<input type="text"/>	<input type="text" value="00"/>
	75	Earned Income Tax Credit (EITC) . . . . .	<input type="radio"/>	75	<input type="text"/>	<input type="text" value="00"/>
	76	Add lines 71 through 75. These are your total payments. See instructions . . . . .	<input checked="" type="radio"/>	76	<input type="text" value="40"/>	<input type="text" value="00"/>

Use Tax	91	Use Tax. <b>This is not a total line.</b> See instructions . . . . .	<input type="radio"/>	91	<input type="text"/>	<input type="text" value="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. . . . .	<input checked="" type="radio"/>	92	<input type="text" value="40"/>	<input type="text" value="00"/>
	93	<b>Use Tax balance.</b> If line 91 is more than line 76, subtract line 76 from line 91. . . . .	<input checked="" type="radio"/>	93	<input type="text"/>	<input type="text" value="00"/>
	94	Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92. . . . .	<input checked="" type="radio"/>	94	<input type="text" value="40"/>	<input type="text" value="00"/>
	95	Amount of line 94 you want applied to your <b>2016</b> estimated tax . . . . .	<input type="radio"/>	95	<input type="text"/>	<input type="text" value="00"/>
	96	Overpaid tax available this year. Subtract line 95 from line 94 . . . . .	<input type="radio"/>	96	<input type="text" value="40"/>	<input type="text" value="00"/>
	97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64. . . . .	<input checked="" type="radio"/>	97	<input type="text"/>	<input type="text" value="00"/>



Your name:

Your SSN or ITIN:

		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
	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	
<b>110</b> Add code 400 through code 431. This is your total contribution . . . . .	● 110	<input type="text"/> .00	

Your name:

Your SSN or ITIN:

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

.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

● Account number

● **116** Direct deposit amount

Savings

.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)

**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)

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

2015 California Adjustments – Residents

CA (540)

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

Name(s) as shown on tax return

SSN or ITIN

JESSE CASH

345-00-0002

Part I Income Adjustment Schedule

Section A – Income

Table with 4 columns: Line number, Description, Column A (Federal Amounts), Column B (Subtractions), and Column C (Additions). Includes lines 7 through 22.

Section B – Adjustments to Income

Table with 4 columns: Line number, Description, Column A, Column B, and Column C. Includes lines 23 through 37.

**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 . . . . . **\$178,706**  
Head of household . . . . . **\$268,063**  
Married/RDP filing jointly or qualifying widow(er) . . . . . **\$357,417**

**No.** Transfer the amount on line 42 to line 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. . . . . **\$4,044**  
Married/RDP filing jointly, head of household, or qualifying widow(er) . . . . . **\$8,088**

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





**2015 California e-file Signature Authorization for Individuals 8879**

Your name <b>JESSE CASH</b>	Your SSN or ITIN <b>345-00-0002</b>
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) . . . . .	<b>1</b>	<b>1023</b>
2 Amount You Owe (Form 540, line 111; Form 540 2EZ, line 31; Long Form 540NR, line 121; or Short Form 540NR, line 121) . . . . .	<b>2</b>	
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) . . . . .	<b>3</b>	<b>40</b>

**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	2
---	---	---	---	---

**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 ▶ 09/02/2016

**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 ▶ 09/02/2016