

Filing Checklist for 2012 California Tax Return Filed On Standard Forms

Prepared on: 03/19/2013 09:29:06 am

Return: C:\Users\Mangee\Documents\edward harrison 2012 Tax Return.T12

Quick Summary

Federal AGI	\$89,098
California Additions	0
California Subtractions	20,705
California AGI	68,393
Total Tax	1,462
Tax Payments	2,828
California Refund	1,366
Amount You Owe	\$0

To file your 2012 tax return, simply follow these instructions:

Step 1. Sign and date the return

Step 2. Assemble what you need to mail

In addition to the forms the program will print for you, you must review the items below for any other documents required by your state.

- attach a copy of your federal return to your California return when you file.
- attach CA Schedule W-2 directly behind Form 540, page 3. Do not submit your Form(s) W-2; keep them for your records.
- attach federal forms W-2G, 1099-MISC and 1099-R if these forms include income tax withholding.
- if you received a mailing label from the state, and your name, address, Social Security number, and filing status are the same as they were last year, affix the mailing label to the envelope; otherwise, do not affix the mailing label to your return. Instead, write the mailing address on the envelope.

To print your federal return or the federal forms listed above:

1. From the File menu, select Print to bring up the print dialog box.
2. In the Select What to Print box select federal.
3. Choose the Entire Return to Send to IRS/State or the Selected Forms radio button.
4. For Selected Forms, select each form you would like to print in the Included in Print Job box.
5. Then click Print.

Step 3. Mail the return

Franchise Tax Board
PO Box 942840
Sacramento, CA 94240-0009

We recommend that you use one of these methods to send your return. Retain the proof of mailing to avoid a late filing penalty:

- U.S. Postal Service certified mail.
(if not mailing to a P.O. Box, you may also use one of the following)
- DHL Same Day Service.
- FedEx Priority Overnight, Standard Overnight, 2Day, International Priority, or International First.
- United Parcel Service Next Day Air, Next Day Air Saver, 2nd Day Air, 2nd Day Air A.M., Worldwide Express Plus, or Worldwide Express.

Step 4. Keep a copy

Print a second copy of the return for your records. We recommend that you also print and retain these supporting forms, which don't need to be sent to the state:

- Background Worksheet

California Resident Income Tax Return 2012

540 C1 Side 1

APE

ATTACH FEDERAL RETURN

P
AC
A
R
RP

534-50-9324 HARR 484-68-1561
EDWARD D HARRISON
IDA L HARRISON

12

3816 FOXLEY DR
ESCONDIDO

CA 92027

02-22-1949

03-10-1951

Table with columns for line numbers (01-44), amounts, and codes (APE, FS, 3800, etc.).

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.

Sign Here Your signature Spouse's/RDP's signature (if a joint tax return, both must sign)

Daytime phone number (optional) 760-746-7488 Date

Your email address (optional). Enter only one. edh@mangee.net

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) PTIN

Firm's name (or yours if self-employed) Firm's address FEIN

Joint tax return? Do you want to allow another person to discuss this return with us? (see page 17) Yes No

Print Third Party Designee's Name Telephone Number

Your name: EDWARD D HARRISON Your SSN or ITIN: 534-50-9324

- Filing Status**
- 1 Single
 - 2 Married/RDP filing jointly (see page 3)
 - 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 page 3)
 - 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 page 7) **6**

7 **Personal:** If you checked 1, 3, or 4 above, enter 1 in the box. If you checked 2 or 5, enter 2 in the box. If you checked the box on line 6, see page 7 **7** X \$104 = \$ 208. **Whole dollars only**

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 **8** X \$104 = \$ _____

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 **9** X \$104 = \$ _____

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

Exemptions

First name	Last name	Dependent's relationship to you

Total dependent exemptions **10** X \$321 = \$ _____

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 **11** \$ 208.

Taxable Income

12 State wages from your Form(s) W-2, box 16 <input checked="" type="checkbox"/> 12 <u>57,801.</u>	
13 Enter federal adjusted gross income from Form 1040, line 37; Form 1040A, line 21; Form 1040EZ, line 4 <input type="checkbox"/> 13 <u>89,098.</u>	
14 California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B <input checked="" type="checkbox"/> 14 <u>20,705.</u>	
15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses (see page 9) <input type="checkbox"/> 15 <u>68,393.</u>	
16 California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C <input checked="" type="checkbox"/> 16 _____	
17 California adjusted gross income. Combine line 15 and line 16 <input checked="" type="checkbox"/> 17 <u>68,393.</u>	
18 Enter the larger of your CA standard deduction OR your CA itemized deductions <input checked="" type="checkbox"/> 18 <u>7,682.</u>	
19 Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0- <input type="checkbox"/> 19 <u>60,711.</u>	

Tax

31 Tax. Check box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803 <input checked="" type="checkbox"/> 31 <u>1,670.</u>	
32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$169,730 (see page 10) <input type="checkbox"/> 32 <u>208.</u>	
33 Subtract line 32 from line 31. If less than zero, enter -0- <input type="checkbox"/> 33 <u>1,462.</u>	
34 Tax (see page 11). Check box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> Form FTB 5870A <input checked="" type="checkbox"/> 34 _____	
35 Add line 33 and line 34 <input type="checkbox"/> 35 <u>1,462.</u>	

Special Credits

40 Nonrefundable Child and Dependent Care Expenses Credit (see page 11). Attach form FTB 3506 <input checked="" type="checkbox"/> 40 _____	
41 New jobs credit, amount generated (see page 11) <input checked="" type="checkbox"/> 41 _____	
42 New jobs credit, amount claimed (see page 11) <input checked="" type="checkbox"/> 42 _____	
43 Credit <input type="checkbox"/> Code _____ amount _____ <input type="checkbox"/> 43 _____	
44 Credit <input type="checkbox"/> Code _____ amount _____ <input type="checkbox"/> 44 _____	
45 To claim more than two credits (see page 12) <input checked="" type="checkbox"/> 45 _____	
46 Nonrefundable renter's credit (see page 12) <input checked="" type="checkbox"/> 46 _____	
47 Add line 40 and line 42 through line 46. These are your total credits <input type="checkbox"/> 47 _____	
48 Subtract line 47 from line 35. If less than zero, enter -0- <input type="checkbox"/> 48 <u>1,462.</u>	

Other Taxes

61 Alternative minimum tax. Attach Schedule P (540) <input checked="" type="checkbox"/> 61 _____	
62 Mental Health Services Tax (see page 13) <input checked="" type="checkbox"/> 62 _____	
63 Other taxes and credit recapture (see page 13) <input checked="" type="checkbox"/> 63 _____	
64 Add line 48, line 61, line 62, and line 63. This is your total tax <input checked="" type="checkbox"/> 64 <u>1,462.</u>	

Payments

71 California income tax withheld (see page 13) <input checked="" type="checkbox"/> 71 <u>2,828.</u>	
72 2012 CA estimated tax and other payments (see page 13) <input checked="" type="checkbox"/> 72 _____	
73 Real estate and other withholding (see page 13) <input checked="" type="checkbox"/> 73 _____	
74 Excess SDI (or VPDI) withheld (see page 13) <input checked="" type="checkbox"/> 74 _____	
75 Add line 71, line 72, line 73, and line 74. These are your total payments (see page 14) <input type="checkbox"/> 75 <u>2,828.</u>	

Your name: EDWARD D HARRISON

Your SSN or ITIN: 534-50-9324

Overpaid Tax/	91 Overpaid tax. If line 75 is more than line 64, subtract line 64 from line 75	91	1,366.
	92 Amount of line 91 you want applied to your 2013 estimated tax	92	0.
Tax Due	93 Overpaid tax available this year. Subtract line 92 from line 91	93	1,366.
	94 Tax due. If line 75 is less than line 64, subtract line 75 from line 64	94	

Use Tax	95 Use Tax. This is not a total line (see page 14)	95	0.00
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	<u>Code</u>	<u>Amount</u>
California Seniors Special Fund (see page 23)	● 400	00
Alzheimer's Disease/Related Disorders Fund	● 401	00
California Fund for Senior Citizens	● 402	00
Rare and Endangered Species Preservation Program	● 403	00
State Children's Trust Fund for the Prevention of Child Abuse	● 404	00
California Breast Cancer Research Fund	● 405	00
California Firefighters' Memorial Fund	● 406	00
Emergency Food For Families Fund	● 407	00
California Peace Officer Memorial Foundation Fund	● 408	00
California Sea Otter Fund	● 410	00
Municipal Shelter Spay-Neuter Fund	● 412	00
California Cancer Research Fund	● 413	00
ALS/Lou Gehrig's Disease Research Fund	● 414	00
Child Victims of Human Trafficking Fund	● 419	00
California YMCA Youth and Government Fund	● 420	00
California Youth Leadership Fund	● 421	00
School Supplies for Homeless Children Fund	● 422	00
State Parks Protection Fund/Parks Pass Purchase	● 423	00
110 Add code 400 through code 423. This is your total contribution	110	00

Amount You Owe	111 AMOUNT YOU OWE. Add line 94, line 95, and line 110 (see page 15). Do Not Send Cash. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0009	111	
	Pay online – Go to ftb.ca.gov for more information.		

Interest and Penalties	112 Interest, late return penalties, and late payment penalties	112	
	113 Underpayment of estimated tax. Check box: <input type="checkbox"/> FTB 5805 attached <input type="checkbox"/> FTB 5805F attached	113	
	114 Total amount due (see page 17). Enclose, but do not staple, any payment	114	

115 REFUND OR NO AMOUNT DUE. Subtract line 95 and line 110 from line 93 (see page 17). Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0009** ● **115** 1,366.

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 page 17). **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:

_____	<input checked="" type="checkbox"/> Checking	<input type="checkbox"/> Savings	_____	_____
● Routing number	● Type	● Account number	● 116 Direct deposit amount	

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

_____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	_____	_____
● Routing number	● Type	● Account number	● 117 Direct deposit amount	

2012

Wage and Tax Statement

W-2

Important: Attach this form to the back of your Form 540, 540A, 540 2EZ, or Form 540NR (Long or Short).

Name(s) as shown on return	EDWARD D HARRISON IDA L HARRISON	SSN or ITIN	534-50-9324
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Caution: If this form is filled out **do not** send your Form(s) W-2 to the Franchise Tax Board. If your Form(s) W-2 are from multiple states, **attach** copies showing California tax withheld to this schedule. If this schedule is blank, attach your Form(s) W-2 to the lower front of your tax return. **All fields must be completed. DO NOT ATTACH PAYMENT TO THIS SCHEDULE.**

*Employee's Social Security Number, name, and address must be the same as the information on the Form(s) W-2

W-2 Information	1st W-2		2nd W-2	
a. Employee's social security number*	484-68-1561			
b. Employer identification number (EIN)	33-0386065			
c. Employer's name	Aegis Electronic			
Address	1465 n fiesta blvd ste 101			
City	Gilbert			
State	AZ			
ZIP Code	85233			
e. Employee's first, middle initial and last name*	ida	lharrison		
f. Address*	3816 foxley dr			
City*	escondido			
State*	CA			
ZIP Code*	92027			
1. Wages, tips, other compensation	57,801			
2. Federal income tax withheld	8,993			
3. Social security wages	57,801			
4. Social security tax withheld	2,428			
6. Medicare tax withheld	838			
7. Social security tips				
8. Allocated tips (not included in box 1)				
10. Dependent care benefits				
11. Nonqualified plans				
12. Codes and amounts	Codes	Amounts	Codes	Amounts
13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay	<input type="checkbox"/> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay		<input type="checkbox"/> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay	
14. SDI, VPMI, or CA SDI (from box 14 or 19)	Type	Amount	Type	Amount
	CASDI	578		
15. State and employer's State ID number	State	Employer's state ID number	State	Employer's state ID number
	CA	368-7154-9		
16. State wages, tips, etc.	57,801			
17. State income tax	2,828			

2012 California Adjustments — Residents

CA (540)

Important: Attach this schedule behind Form 540, Side 3 as a supporting California schedule.

Name(s) as shown on tax return
EDWARD D HARRISON
IDA L HARRISON

SSN or ITIN
534-50-9324

Part I Income Adjustment Schedule
Section A - Income

Table with 3 main columns: Federal Amounts (A), Subtractions (B), and Additions (C). Rows include wages, interest, dividends, refunds, alimony, business income, capital gain, IRA distributions, pensions, rental income, farm income, unemployment, social security, and other income.

Section B - Adjustments to Income

Table with 3 main columns: Federal Amounts (A), Subtractions (B), and Additions (C). Rows include educator expenses, business expenses, health savings, moving expenses, self-employment tax, SEP/IRA plans, alimony, IRA deduction, student loan interest, tuition, domestic production activities, and a total line.

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	3,406.
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	3,406.
40	Subtract line 39 from line 38	40	0.
41	Other adjustments including California lottery losses. See instructions. Specify	41	0.
42	Combine line 40 and line 41	42	0.
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		\$169,730
	Head of household		\$254,599
	Married/RDP filing jointly or qualifying widow(er)		\$339,464
No.	Transfer the amount on line 42 to line 43.	43	0.
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		\$3,841
	Married/RDP filing jointly, head of household, or qualifying widow(er)		\$7,682
	Transfer the amount on line 44 to Form 540, line 18	44	7,682.

Form at bottom of page.

Payment Form 1 – File and Pay by April 15, 2013. **If amount of payment is zero, do not mail this form.**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and "2013 Form 540-ES" on the check or money order. Detach the form below. Enclose, but **do not** staple, payment with the form and mail to:

**FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267- 0008**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES: Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov** for more information. You can schedule your payments up to one year in advance.
Do not mail this form if you use Web Pay.

___ DETACH HERE ___ IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM ___ DETACH HERE ___

CAUTION: You may be required to pay electronically. See instructions.

File and Pay by April 15, 2013

TAXABLE YEAR

CALIFORNIA FORM

2013 Estimated Tax for Individuals

540-ES

534-50-9324 HARR 484-68-1561 13 APE 0
EDWARD D HARRISON
IDA L HARRISON

3816 FOXLEY DR
ESCONDIDO CA 92027

Amount of payment 0.

Form at bottom of page. 

Payment Form 2 – File and Pay by June 17, 2013. **If amount of payment is zero, do not mail this form.**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and "2013 Form 540-ES" on the check or money order. Detach the form below. Enclose, but **do not** staple, payment with the form and mail to:

**FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267- 0008**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES: Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov** for more information. You can schedule your payments up to one year in advance.
Do not mail this form if you use Web Pay.

___ DETACH HERE ___ IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM ___ DETACH HERE ___

CAUTION: You may be required to pay electronically. See instructions.

File and Pay by June 17, 2013

TAXABLE YEAR

CALIFORNIA FORM

2013 Estimated Tax for Individuals

540-ES

534-50-9324 HARR 484-68-1561 13 APE 0
EDWARD D HARRISON
IDA L HARRISON

3816 FOXLEY DR
ESCONDIDO CA 92027

Amount of payment 0.

Payment Form 3 – File and Pay by Sept. 16, 2013. **If amount of payment is zero, do not mail this form.**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and "2013 Form 540-ES" on the check or money order. Detach the form below. Enclose, but **do not** staple, payment with the form and mail to:

**FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267- 0008**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES: Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov** for more information. You can schedule your payments up to one year in advance.
Do not mail this form if you use Web Pay.

___ DETACH HERE ___ IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM ___ DETACH HERE ___

CAUTION: You may be required to pay electronically. See instructions.

File and Pay by Sept. 16, 2013

TAXABLE YEAR

CALIFORNIA FORM

2013 Estimated Tax for Individuals

540-ES

534-50-9324 HARR 484-68-1561 13 APE 0
EDWARD D HARRISON
IDA L HARRISON

3816 FOXLEY DR
ESCONDIDO CA 92027

Amount of payment 0.

Payment Form 4 – File and Pay by Jan. 15, 2014. **If amount of payment is zero, do not mail this form.**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the “Franchise Tax Board.” Write the taxpayer’s social security number (SSN) or individual taxpayer identification number (ITIN) and “2013 Form 540-ES” on the check or money order. Detach the form below. Enclose, but **do not** staple, payment with the form and mail to:

**FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267- 0008**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES: Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov** for more information. You can schedule your payments up to one year in advance.
Do not mail this form if you use Web Pay.

___ DETACH HERE ___ IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM ___ DETACH HERE ___

CAUTION: You may be required to pay electronically. See instructions.

File and Pay by Jan 15, 2014

TAXABLE YEAR

CALIFORNIA FORM

2013 Estimated Tax for Individuals

540-ES

534-50-9324 HARR 484-68-1561 13 APE 0
EDWARD D HARRISON
IDA L HARRISON

3816 FOXLEY DR
ESCONDIDO CA 92027

Amount of payment 0.