### Filing Status

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Single</td>
</tr>
<tr>
<td>2</td>
<td>Married filing jointly (even if only one had income)</td>
</tr>
<tr>
<td>3</td>
<td>Married filing separately. Enter spouse's SSN above and full name here.</td>
</tr>
<tr>
<td>4</td>
<td>Head of household (with qualifying person). (See instr.) If the qualifying person is a child but not your dependent, enter this child's name here.</td>
</tr>
<tr>
<td>5</td>
<td>Qualifying widow(er) with dependent child</td>
</tr>
</tbody>
</table>

### Exemptions

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

### Income

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Wages, salaries, tips, etc. Attach Form(s) W-2</td>
</tr>
<tr>
<td>8a</td>
<td>Taxable interest. Attach Schedule B if required</td>
</tr>
<tr>
<td>b</td>
<td>Tax-exempt interest. Do not include on line 8a</td>
</tr>
<tr>
<td>9a</td>
<td>Ordinary dividends. Attach Schedule B if required</td>
</tr>
<tr>
<td>b</td>
<td>Qualified dividends</td>
</tr>
<tr>
<td>10</td>
<td>Taxable refunds, credits, or offsets of state and local income taxes</td>
</tr>
<tr>
<td>11</td>
<td>Alimony received</td>
</tr>
<tr>
<td>12</td>
<td>Business income or (loss). Attach Schedule C or C-EZ</td>
</tr>
<tr>
<td>13</td>
<td>Capital gain or (loss). Attach Schedule D if required. If not required, check here</td>
</tr>
<tr>
<td>14</td>
<td>Other gains or (losses). Attach Form 4797</td>
</tr>
</tbody>
</table>

### Adjusted Gross Income

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>23</td>
<td>Educator expenses</td>
</tr>
<tr>
<td>24</td>
<td>Certain business expenses of reservists, performing artists, and fee-based government officials. Attach Form 2106 or 2106-EZ</td>
</tr>
<tr>
<td>25</td>
<td>Health savings account deduction. Attach Form 5888</td>
</tr>
<tr>
<td>26</td>
<td>Moving expenses. Attach Form 3903</td>
</tr>
<tr>
<td>27</td>
<td>Deductible part of self-employment tax. Attach Schedule SE</td>
</tr>
<tr>
<td>28</td>
<td>Self-employed SEP, SIMPLE, and qualified plans</td>
</tr>
<tr>
<td>29</td>
<td>Self-employed health insurance deduction</td>
</tr>
<tr>
<td>30</td>
<td>Penalty on early withdrawal of savings</td>
</tr>
<tr>
<td>31a</td>
<td>Alimony paid</td>
</tr>
<tr>
<td>31b</td>
<td>Recipient's SSN</td>
</tr>
<tr>
<td>32</td>
<td>IRA deduction</td>
</tr>
<tr>
<td>33</td>
<td>Student loan interest deduction</td>
</tr>
<tr>
<td>34</td>
<td>Tuition and fees. Attach Form 8917</td>
</tr>
<tr>
<td>35</td>
<td>Domestic production activities deduction. Attach Form 7004</td>
</tr>
<tr>
<td>36</td>
<td>Add lines 23 through 35</td>
</tr>
<tr>
<td>37</td>
<td>Subtract line 36 from line 22. This is your adjusted gross income</td>
</tr>
</tbody>
</table>

### Calculations

- Total number of exemptions claimed: 1
- Add numbers on lines above: 1
- Total income: 14,590
### Tax and Credits

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount from line 37 (adjusted gross income)</td>
<td>38,14,590</td>
</tr>
<tr>
<td>Check if you were born before January 2, 1930</td>
<td></td>
</tr>
<tr>
<td>Check if spouse was born before January 2, 1950</td>
<td>39a, 0</td>
</tr>
<tr>
<td>Total boxes checked</td>
<td>38, 14,590</td>
</tr>
<tr>
<td>Itemized deductions (from Schedule A) or your standard deduction</td>
<td>40, 6,200</td>
</tr>
<tr>
<td>Subtract line 40 from line 38</td>
<td>41, 8,390</td>
</tr>
<tr>
<td>Exemptions. If line 38 is $182,525 or less, multiply $3,950 by the number on line 80. Otherwise, see instructions.</td>
<td>42, 3,950</td>
</tr>
<tr>
<td>Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter 0.</td>
<td>43, 4,440</td>
</tr>
<tr>
<td>Tax (see instructions). Check if any from a Form 8861 b Form 4072 c</td>
<td>44, 4,433</td>
</tr>
<tr>
<td>Alternative minimum tax (see instructions). Attach Form 6261</td>
<td>45, 0</td>
</tr>
<tr>
<td>Excess advance premium tax credit repayment. Attach Form 8982</td>
<td>46</td>
</tr>
<tr>
<td>Add lines 44, 45, and 46</td>
<td>47, 443</td>
</tr>
<tr>
<td>Foreign tax credit. Attach Form 1116 if required</td>
<td>48, 0</td>
</tr>
<tr>
<td>Credit for child and dependent care expenses. Attach Form 2441</td>
<td>49</td>
</tr>
<tr>
<td>Education credits from Form 8863, line 19</td>
<td>50</td>
</tr>
<tr>
<td>Retirement savings contributions credit. Attach Form 8880</td>
<td>51, 0</td>
</tr>
<tr>
<td>Child tax credit. Attach Schedule 8812, if required</td>
<td>52</td>
</tr>
<tr>
<td>Residential energy credits. Attach Form 5696</td>
<td>53</td>
</tr>
<tr>
<td>Add lines 48 through 54. These are your total credits</td>
<td>55, 0</td>
</tr>
<tr>
<td>Subtract line 55 from line 47. If line 55 is more than line 47, enter 0.</td>
<td>56, 4,433</td>
</tr>
</tbody>
</table>

### Other Taxes

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-employment tax. Attach Schedule SE</td>
<td>57, 0</td>
</tr>
<tr>
<td>Unreported social security and Medicare tax from Form: a 4137 b 8919</td>
<td>58, 0</td>
</tr>
<tr>
<td>Additional tax on IRAs, other qualified retirement plans, etc. Form 5326 if required</td>
<td>59</td>
</tr>
<tr>
<td>Household employment taxes from Schedule H</td>
<td>60, 0</td>
</tr>
<tr>
<td>First-time homebuyer credit repayment. Attach Form 6405 if required</td>
<td>60b, 0</td>
</tr>
<tr>
<td>Health care: Individual responsibility (see instructions)</td>
<td>61</td>
</tr>
<tr>
<td>Full-year coverage</td>
<td>62, 0</td>
</tr>
<tr>
<td>Add lines 58 through 62. This is your total tax</td>
<td>63, 4,433</td>
</tr>
</tbody>
</table>

### Payments

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal income tax withheld from Forms W-2 and 1099</td>
<td>64, 695</td>
</tr>
<tr>
<td>2014 estimated tax payments and amount applied from 2013 return</td>
<td>65, 695</td>
</tr>
<tr>
<td>Earned income credit (EIC)</td>
<td>66a, NO</td>
</tr>
<tr>
<td>Noncreditable combat pay election</td>
<td>66b, 66a</td>
</tr>
<tr>
<td>Additional child tax credit. Attach Schedule 8812</td>
<td>67</td>
</tr>
<tr>
<td>American opportunity credit from Form 8863, line 8</td>
<td>68</td>
</tr>
<tr>
<td>Net premium tax credit. Attach Form 8892</td>
<td>69</td>
</tr>
<tr>
<td>Amount paid with request for extension to file</td>
<td>70</td>
</tr>
<tr>
<td>Excess social security and tier 1 RTA tax withheld</td>
<td>71, 0</td>
</tr>
<tr>
<td>Credit for federal tax on fuels. Attach Form 4136</td>
<td>72</td>
</tr>
<tr>
<td>Credits from Form:</td>
<td></td>
</tr>
<tr>
<td>a 2458 b Reserve d Reserve d</td>
<td>73</td>
</tr>
<tr>
<td>Add lines 64, 65, 66a, and 67 through 73. These are your total payments</td>
<td>74, 695</td>
</tr>
</tbody>
</table>

### Refund

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>If line 74 is more than line 53, subtract line 63 from line 74. This is the amount you overpaid</td>
<td>75, 252</td>
</tr>
<tr>
<td>Amount of line 75 you want refunded to you. If Form 8888 is attached, check here</td>
<td>76a, 252</td>
</tr>
<tr>
<td>Routing number XXXXXXXXXX Type: Checking Savings</td>
<td></td>
</tr>
<tr>
<td>Account number XXXXXXXXXXXX</td>
<td></td>
</tr>
<tr>
<td>Amount of line 75 you want applied to your 2015 estimated tax</td>
<td>77, 0</td>
</tr>
</tbody>
</table>

### Amount You Owe

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions</td>
<td>78</td>
</tr>
<tr>
<td>Estimated tax penalty (see instructions)</td>
<td>79</td>
</tr>
</tbody>
</table>

### Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below.  No.  
Sign Here

| Name of designee's no. phone number                                  | 79           |

### 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.

<table>
<thead>
<tr>
<th>Preparer's name</th>
<th>Date</th>
<th>Spouse's signature</th>
<th>Date</th>
<th>Phone no.</th>
<th>X No.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Preparer's name</th>
<th>Date</th>
<th>Phone no.</th>
<th>PTIN</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Paid Preparer</th>
<th>Date</th>
<th>Phone no.</th>
<th>PTIN</th>
</tr>
</thead>
</table>


Preparer Explanation for Not Filing Electronically

- Attach to taxpayer's Form 1040, 1040A, 1040EZ, or Form 1041.
- Information about Form 8948 and its instructions is available at www.irs.gov/form8948.

Name(s) on tax return: FRANCISCO FARIAS
Preparer's name: JEANET TELLEZ
Tax year of return: 2014
Taxpayer's Identifying number: P00405983
Preparer's Tax Identification Number (PTIN): 

Three out of four taxpayers now use IRS e-file. Go to www.irs.gov/efile for details on using IRS e-file. The benefits of electronic filing include the following:

- Faster refunds
- More accurate returns
- Secure transmissions
- Easier filing method
- E-payment options
- Receipt acknowledged

Check the applicable box to indicate the reason this return is not being filed electronically. Do not check more than one box.

1. ☒ Taxpayer chose to file this return on paper.
2. ☐ The preparer received a waiver from the requirement to electronically file the tax return.
   
   Waiver Reference Number: ___________________________ Approval Letter Date: ___________________________

3. ☐ The preparer is a member of a recognized religious group that is conscientiously opposed to filing electronically.

4. ☐ This return was rejected by IRS e-file and the reject condition could not be resolved.
   
   Reject code: ___________________________ Number of attempts to resolve reject: ___________________________

5. ☐ The preparer's e-file software package does not support Form or Schedule attached to this return.

6. Check the box that applies and provide additional information if requested.

   a. ☐ The preparer is ineligible to file electronically because IRS e-file does not accept foreign preparers without social security numbers who live and work abroad.

   b. ☐ The preparer is ineligible to participate in IRS e-file.

   c. ☐ Other: Describe below the circumstances that prevented the preparer from filing this return electronically.


For Paperwork Reduction Act Notice, see Instructions.
<table>
<thead>
<tr>
<th>Date</th>
<th>Form 540</th>
<th>2014 California Resident Income Tax Return</th>
<th>APE</th>
<th>FARI</th>
<th>FRANCISCO</th>
<th>FARIAS</th>
<th>7347 COUNTRY FAIR DR</th>
<th>CORONA</th>
<th>CA 92880</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-19-1989</td>
<td></td>
<td></td>
<td>01</td>
<td>1</td>
<td>45</td>
<td>0</td>
<td>405</td>
<td>0</td>
<td>APE</td>
</tr>
<tr>
<td>06</td>
<td></td>
<td></td>
<td>06</td>
<td>0</td>
<td>46</td>
<td>0</td>
<td>406</td>
<td>0</td>
<td>FS</td>
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<tr>
<td>07</td>
<td></td>
<td></td>
<td>07</td>
<td>01</td>
<td>108</td>
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<td>0</td>
<td>48</td>
<td>408</td>
<td>0</td>
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<td>09</td>
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<td>00</td>
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<td>14590</td>
<td>64</td>
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<td>422</td>
<td>0</td>
<td>DESIGNEE</td>
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<td>13</td>
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<td>14590</td>
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<td>73</td>
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<td>425</td>
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<td>16</td>
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<td>74</td>
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<td>426</td>
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<td>75</td>
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<td>0</td>
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<td>110</td>
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<td>3808</td>
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<td></td>
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<td>115</td>
<td>10</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

**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.

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.

<table>
<thead>
<tr>
<th>Exemptions</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>First name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependent's relationship to you</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8 **Blind:** If you or your spouse/RDP are visually impaired, enter 1; if both are visually impaired, enter 2.

9 **Senior:** If you or your spouse/RDP are 65 or older, enter 1; if both are 65 or older, enter 2.

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

<table>
<thead>
<tr>
<th>Exemptions</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>First name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependent's relationship to you</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total dependent exemptions</th>
<th>0</th>
<th>10</th>
<th>333</th>
</tr>
</thead>
<tbody>
<tr>
<td>X $333 =</td>
<td></td>
<td>108</td>
<td></td>
</tr>
</tbody>
</table>

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

12 **State wages from your Form(s) W-2, box 16:**

<table>
<thead>
<tr>
<th>Exemptions</th>
<th>12</th>
<th>14,590</th>
</tr>
</thead>
<tbody>
<tr>
<td>State wages from your Form(s) W-2, box 16</td>
<td></td>
<td>14,590</td>
</tr>
</tbody>
</table>

13 **Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; 1040EZ, line 4:**

14 **California adjustments — subtractions. Enter the amount from Schedule CA (540), line 37, column B:**

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

16 **California adjustments — additions. Enter the amount from Schedule CA (540), line 37, column C:**

17 **California adjusted gross income. Combine line 15 and line 16:**

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...
  - Married/RDP filing jointly, Head of household, or Qualifying widow(er)...

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

20 **Tax:** Check the box if from:

- [X] Tax Table
- [ ] Tax Rate Schedule

21 **Exemption credits. Enter the amount from line 11. If your federal AGI is more than $176,413, see instructions:**

22 **Subtract line 32 from line 31. If less than zero, enter 0-**

23 **Tax. See instructions. Check the box if from:**

- [ ] Schedule G-1
- [ ] FTB 5670A

24 **Add line 33 and line 34**

| Tax 2 Form 540 C1 2014 | 015 | 3102146 |
Your name: **FRANCISCO FARIA** S
Your SSN or ITIN: 

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>Code</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>40</td>
<td>Nonrefundable Child and Dependent Care Expenses Credit. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>43</td>
<td>Enter credit name code and amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>44</td>
<td>Enter credit name code and amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>45</td>
<td>To claim more than two credits, see instructions. Attach Schedule P (540).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>46</td>
<td>Nonrefundable renter's credit. See instructions</td>
<td>60</td>
<td>00</td>
</tr>
<tr>
<td>47</td>
<td>Add line 40 and line 43 through line 46. These are your total credits</td>
<td></td>
<td>60 00</td>
</tr>
<tr>
<td>48</td>
<td>Subtract line 47 from line 35. If less than zero, enter -0-</td>
<td></td>
<td>00</td>
</tr>
<tr>
<td>61</td>
<td>Alternative minimum tax. Attach Schedule P (540).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>62</td>
<td>Mental Health Services Tax. See instructions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>63</td>
<td>Other taxes and credit recapture. See instructions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>64</td>
<td>Add line 48, line 61, line 62, and line 63. This is your total tax</td>
<td></td>
<td>00</td>
</tr>
<tr>
<td>71</td>
<td>California income tax withhold. See instructions</td>
<td></td>
<td>10 00</td>
</tr>
<tr>
<td>72</td>
<td>2014 CA estimated tax and other payments. See instructions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>73</td>
<td>Real estate and other withholding. See instructions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>74</td>
<td>Excess SDI (or VPDI) withheld. See instructions</td>
<td></td>
<td>10 00</td>
</tr>
<tr>
<td>75</td>
<td>Add line 71, line 72, line 73, and line 74. These are your total payments.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>91</td>
<td>Overpaid tax. If line 75 is more than line 64, subtract line 64 from line 75.</td>
<td></td>
<td>10 00</td>
</tr>
<tr>
<td>92</td>
<td>Amount of line 91 you want applied to your 2015 estimated tax</td>
<td></td>
<td>00</td>
</tr>
<tr>
<td>93</td>
<td>Overpaid tax available this year. Subtract line 92 from line 91</td>
<td></td>
<td>10 00</td>
</tr>
<tr>
<td>94</td>
<td>Tax due. If line 75 is less than line 64, subtract line 75 from line 64</td>
<td></td>
<td>00</td>
</tr>
</tbody>
</table>

**Form 540 C1 2014 Side 3**

015 3103146
<table>
<thead>
<tr>
<th>Code</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>400</td>
<td></td>
</tr>
<tr>
<td>401</td>
<td></td>
</tr>
<tr>
<td>403</td>
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<tr>
<td>405</td>
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<tr>
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<td>427</td>
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</tr>
<tr>
<td>428</td>
<td></td>
</tr>
<tr>
<td>429</td>
<td></td>
</tr>
</tbody>
</table>

110 Add code 400 through code 429. This is your total contribution.
111 AMOUNT YOU OWE. Add line 94, line 95, and line 110. See Instructions. Do not send cash.

Mail to: FRANCHISE TAX BOARD
        PO BOX 942867
        SACRAMENTO CA 94287-0009

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

112 Interest, late return penalties, and late payment penalties

113 Underpayment of estimated tax. Check the box: □ FTB 5805 attached □ FTB 5805F attached

114 Total amount due. See Instructions. Enclose, but do not staple, any payment

116 REFUND OR NO AMOUNT DUE. Subtract line 95 and line 110 from line 93. See Instructions

Mail to: FRANCHISE TAX BOARD
        PO BOX 942840
        SACRAMENTO CA 94284-0009

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:

<table>
<thead>
<tr>
<th>Type</th>
<th>Routing number</th>
<th>Checking</th>
<th>Account number</th>
<th>Savings</th>
<th>Direct deposit amount</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Type</th>
<th>Routing number</th>
<th>Checking</th>
<th>Account number</th>
<th>Savings</th>
<th>Direct deposit amount</th>
</tr>
</thead>
</table>

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

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

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)

Signature

File's name (or yours, if self-employed)

PTIN

P00405983

FEIN

06-1666377

TAX SPECIALISTS

1657 E 28TH STREET - SIGNAL HILL, CA 90755

Do you want to allow another person to discuss this tax return with us? See Instructions...

□ Yes  X No

Print Third Party Designee’s Name

Telephone Number
**Wage and Tax Statement (W-2)**

**Name(s) as shown on return**: FRANCISCO FARIAS

**Social Security Number (SSN) or ITIN**: [Redacted]

**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

<table>
<thead>
<tr>
<th>Field</th>
<th>1st W-2</th>
<th>2nd W-2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a. Employee's social security number</strong></td>
<td>[Redacted]</td>
<td>[Redacted]</td>
</tr>
<tr>
<td><strong>b. Employer Identification number (EIN)</strong></td>
<td>33-0633164</td>
<td>27-1229142</td>
</tr>
<tr>
<td><strong>c. Employer's name</strong></td>
<td>ROTH'S STAFFING</td>
<td>EMERGENCY MEDIC</td>
</tr>
<tr>
<td><strong>Address</strong></td>
<td>333 CITY BLVD WEST</td>
<td></td>
</tr>
<tr>
<td><strong>City</strong></td>
<td>ORANGE</td>
<td></td>
</tr>
<tr>
<td><strong>State</strong></td>
<td>CA</td>
<td></td>
</tr>
<tr>
<td><strong>Zip Code</strong></td>
<td>92868</td>
<td></td>
</tr>
<tr>
<td><strong>d. Employee's first, middle initial, and last name</strong></td>
<td>FRANCISCO FARIAS</td>
<td>FRANCISCO FARIAS</td>
</tr>
<tr>
<td><strong>f. Employee Address</strong></td>
<td>7347 COUNTRY FAIR DR</td>
<td>7347 COUNTRY FAIR DR</td>
</tr>
<tr>
<td><strong>City</strong></td>
<td>CORONA</td>
<td>CORONA</td>
</tr>
<tr>
<td><strong>State</strong></td>
<td>CA</td>
<td>CA</td>
</tr>
<tr>
<td><strong>Zip Code</strong></td>
<td>92880</td>
<td>92880</td>
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</table>

### Wages, Tips, and Other Compensation

<table>
<thead>
<tr>
<th>Item</th>
<th>1st W-2</th>
<th>2nd W-2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Wages, tips, other compensation</td>
<td>905</td>
<td>13,685</td>
</tr>
<tr>
<td>2. Federal income tax withheld</td>
<td>82</td>
<td>613</td>
</tr>
<tr>
<td>3. Social security wages</td>
<td>905</td>
<td>13,685</td>
</tr>
<tr>
<td>4. Social security tax withheld</td>
<td>56</td>
<td>848</td>
</tr>
<tr>
<td>5. Medicare tax withheld</td>
<td>13</td>
<td>198</td>
</tr>
<tr>
<td>6. Social security tips</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Allocated tips (not included in box 1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>W-2 Information</td>
<td>1st W-2</td>
<td>2nd W-2</td>
</tr>
<tr>
<td>-----------------</td>
<td>--------</td>
<td>--------</td>
</tr>
<tr>
<td>10. Dependent care benefits</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>11. Nonqualified plans</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>12. Codes and amounts</td>
<td>Codes</td>
<td>Amounts</td>
</tr>
<tr>
<td>12a.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>12b.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>12c.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>12d.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay</td>
<td>☐ Statutory employee</td>
<td>☐ Statutory employee</td>
</tr>
<tr>
<td>14. SDI, VPDI, or CA SDI (from box 14 or 19)</td>
<td>Type</td>
<td>Amount</td>
</tr>
<tr>
<td>CASDI</td>
<td>☐</td>
<td>9</td>
</tr>
<tr>
<td>15. State and employer’s State ID number</td>
<td>State</td>
<td>Employer’s state ID number</td>
</tr>
<tr>
<td>CA</td>
<td>☐</td>
<td>40915191</td>
</tr>
<tr>
<td>16. State wages, tips, etc.</td>
<td>☐</td>
<td>905</td>
</tr>
<tr>
<td>17. State income tax</td>
<td>☐</td>
<td>5</td>
</tr>
</tbody>
</table>