

2006 TAX RETURN

Client Copy

Client: DEMO

Prepared for: John Q and Mary Public
1807 Main Street
Oakley, CA 94561
Home : 925-555-1212

Prepared by: T. James Williams
T. James Williams & Co., A.C.
7080 N. Whitney Ave., #103
Fresno, CA 93720-0154
(559) 322-9100

Date: November 18, 2007

Comments:

DEMO ONLY

Route to: _____

CLIENT DEMO

T. JAMES WILLIAMS & CO., A.C.
7080 N. WHITNEY AVE., #103
FRESNO, CA 93720-0154
(559) 322-9100

March 14, 2007

John Q and Mary Public
1807 Main Street
Oakley, CA 94561

Dear John and Mary,

Your 2006 Federal Individual Income Tax return will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879 - IRS e-file Signature Authorization. No tax is payable with the filing of this return. The refund of \$5,107 will be directly deposited into your checking account.

Your 2006 California Individual Income Tax Return will be electronically filed with the FTB upon receipt of a signed Form 8879 - California e-file Signature Authorization. No tax is payable with the filing of this return. The refund of \$2,234 will be directly deposited into your checking account.

Please be sure to call if you have any questions.

Sincerely,

T. James Williams

DEMO ONLY

T. James Williams & Co., A.C.
7080 N. Whitney Ave., #103
Fresno, CA 93720-0154
(559) 322-9100

Client DEMO
March 14, 2007

John Q and Mary Public
1807 Main Street
Oakley, CA 94561
Home: 925-555-1212

FEDERAL FORMS

Form 1040	2006 U.S. Individual Income Tax Return	\$	85.00
Schedule A	Itemized Deductions		80.00
Schedule B	Interest and Dividend Income		25.00
Form 8879	IRS e-file Signature Authorization		45.00

CALIFORNIA FORMS

Form 540	2006 California Resident Income Tax Return		
Schedule CA	California Adjustments		
Form 8879	California e-file Signature Authorization	\$	5.00

FEE SUMMARY

Preparation Fee	\$	240.00
Amount Due	\$	240.00

DEMO ONLY

IRS e-file Signature Authorization

▶ Do not send to the IRS. This is not a tax return.
▶ Keep this form for your records. See instructions.

2006

Declaration Control Number (DCN) ▶

00-772700-22237-7

Taxpayer's name

John Q Public

Social security number

111-11-1111

Spouse's name

Mary Public

Spouse's social security number

222-22-2222

Part I Tax Return Information – Tax Year Ending December 31, 2006 (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	104,858.
2	Total tax (Form 1040, line 63; Form 1040A, line 37; Form 1040EZ, line 11)	2	4,491.
3	Federal income tax withheld (Form 1040, line 64; Form 1040A, line 38; Form 1040EZ, line 7)	3	9,538.
4	Refund (Form 1040, line 74a; Form 1040A, line 45a; Form 1040EZ, line 12a, Form 1040EZ-T, line 1a)	4	5,107.
5	Amount you owe (Form 1040, line 76; Form 1040A, line 47; Form 1040EZ, line 13)	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 or request for refund and accompanying schedules and statements for the tax year ending December 31, 2006, 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 or request for refund. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return or request to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) 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. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. 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 a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 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 or request for refund and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize T. James Williams & Co., A.C. to enter or generate my PIN 04535
ERO firm name do not enter all zeros

as my signature on my tax year 2006 electronically filed income tax return or request for refund.

I will enter my PIN as my signature on my tax year 2006 electronically filed income tax return or request for refund. Check this box **only** if you are entering your own PIN **and** your return or request is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

I authorize T. James Williams & Co., A.C. to enter or generate my PIN 05769
ERO firm name do not enter all zeros

as my signature on my tax year 2006 electronically filed income tax return or request for refund.

I will enter my PIN as my signature on my tax year 2006 electronically filed income tax return or request for refund. Check this box **only** if you are entering your own PIN **and** your return or request 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 77270085926
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2006 electronically filed income tax return or request for refund 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 ▶ _____ Date ▶ _____

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

Label (See instructions.)

Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign

For the year Jan 1 - Dec 31, 2006, or other tax year beginning , 2006, ending , 20
Your first name MI Last name John Q Public
Your social security number 111-11-1111
If a joint return, spouse's first name MI Last name Mary Public
Spouse's social security number 222-22-2222
Home address (number and street). If you have a P.O. box, see instructions. Apartment no. 1807 Main Street
City, town or post office. If you have a foreign address, see instructions. State ZIP code Oakley, CA 94561
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions) [] You [] Spouse

Filing Status

Check only one box.

1 [] Single
2 [X] Married filing jointly (even if only one had income)
3 [] Married filing separately. Enter spouse's SSN above & 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 (see instructions)

Exemptions

If more than four dependents, see instructions.

6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a.
6b [X] Spouse
c Dependents:
(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) [X] if qualifying child for child tax credit (see instrs)
Jared M Public 333-33-3333 SON
Jackson C Public 444-44-4444 SON
Harrison L Public 555-55-5555 SON
Rachel E. Public 666-66-6666 Daughter
d Total number of exemptions claimed 6

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 103,011.
8a Taxable interest. Attach Schedule B if required. 8a 185.
8b Tax-exempt interest. Do not include on line 8a. 8b
9a Ordinary dividends. Attach Schedule B if required. 9a
9b Qualified dividends (see instrs). 9b
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 10 1,662.
11 Alimony received. 11
12 Business income or (loss). Attach Schedule C or C-EZ. 12
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here. [] 13
14 Other gains or (losses). Attach Form 4797. 14
15a IRA distributions 15a b Taxable amount (see instrs) 15b
16a Pensions and annuities. 16a b Taxable amount (see instrs) 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 (see instrs) 20b
21 Other income 21
22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 104,858.

Adjusted Gross Income

23 Archer MSA deduction. Attach Form 8853. 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 One-half of self-employment tax. Attach Schedule SE. 27
28 Self-employed SEP, SIMPLE, and qualified plans. 28
29 Self-employed health insurance deduction (see instructions). 29
30 Penalty on early withdrawal of savings. 30
31a Alimony paid b Recipient's SSN. 31a
32 IRA deduction (see instructions). 32
33 Student loan interest deduction (see instructions). 33
34 Jury duty pay you gave to your employer. 34
35 Domestic production activities deduction. Attach Form 8903. 35
36 Add lines 23 - 31a and 32 - 35. 36 0.
37 Subtract line 36 from line 22. This is your adjusted gross income. 37 104,858.

Tax and Credits

Standard Deduction for - People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instructions. All others: Single or Married filing separately, \$5,150 Married filing jointly or Qualifying widow(er), \$10,300 Head of household, \$7,550

Table with 3 columns: Line number, Description, and Amount. Rows include: 38 Amount from line 37 (adjusted gross income) 104,858; 39a Check if: You were born before January 2, 1942, Blind. Total boxes checked 39a; Spouse was born before January 2, 1942, Blind. 39b; 40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 30,066; 41 Subtract line 40 from line 38 74,792; 42 If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see instructions. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d. 19,800; 43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 54,992; 44 Tax (see instrs). Check if any tax is from: a Form(s) 8814 b Form 4972 7,491; 45 Alternative minimum tax (see instructions). Attach Form 6251. 0; 46 Add lines 44 and 45 7,491; 47 Foreign tax credit. Attach Form 1116 if required 47; 48 Credit for child and dependent care expenses. Attach Form 2441 48; 49 Credit for the elderly or the disabled. Attach Schedule R 49; 50 Education credits. Attach Form 8863 50; 51 Retirement savings contributions credit. Attach Form 8880 51; 52 Residential energy credits. Attach Form 5695 52; 53 Child tax credit (see instructions). Attach Form 8901 if required 53 3,000; 54 Credits from: a Form 8396 b Form 8839 c Form 8859 54; 55 Other credits. Check applicable box(es): a Form 3800 b Form 8801 c Form 8801 55; 56 Add lines 47 through 55. These are your total credits 3,000; 57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- 4,491;

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Rows include: 58 Self-employment tax. Attach Schedule SE 58; 59 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 59; 60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 60; 61 Advance earned income credit payments from Form(s) W-2, box 9 61; 62 Household employment taxes. Attach Schedule H 62; 63 Add lines 57-62. This is your total tax 4,491;

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Rows include: 64 Federal income tax withheld from Forms W-2 and 1099 64 9,538; 65 2006 estimated tax payments and amount applied from 2005 return 65; 66a Earned income credit (EIC) 66a; b Nontaxable combat pay election 66b; 67 Excess social security and tier 1 RRTA tax withheld (see instructions) 67; 68 Additional child tax credit. Attach Form 8812 68; 69 Amount paid with request for extension to file (see instructions) 69; 70 Payments from: a Form 2439 b Form 4136 c Form 8885 70; 71 Credit for federal telephone excise tax paid. Attach Form 8913 if required. 71 60; 72 Add lines 64, 65, 66a, and 67 through 71. These are your total payments 72 9,598;

Refund

Direct deposit? See instructions and fill in 74b, 74c, and 74d or Form 8888.

Table with 3 columns: Line number, Description, and Amount. Rows include: 73 If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid 73 5,107; 74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here 74a 5,107; b Routing number 321175261 c Type: X Checking Savings; d Account number 1234567890; 75 Amount of line 73 you want applied to your 2007 estimated tax 75;

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Rows include: 76 Amount you owe. Subtract line 72 from line 63. For details on how to pay, see instructions 76; 77 Estimated tax penalty (see instructions) 77;

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? X Yes. Complete the following. No Designee's name T. James Williams Phone no. 559-322-9100 Personal identification number (PIN) 85926

Sign Here

Joint return? See instructions. Keep a copy for your records.

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 Your occupation Daytime phone number Electrician 925-555-1212 Spouse's signature. If a joint return, both must sign. Date Spouse's occupation Homemaker

Paid Preparer's Use Only

Preparer's signature Date 3/14/07 Check if self-employed Preparer's SSN or PTIN P00738366 Firm's name (or yours if self-employed) T. James Williams & Co., A.C. address, and ZIP code 7080 N. Whitney Ave., #103 Fresno, CA 93720-0154 EIN 77-0517988 Phone no. (559) 322-9100

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

▶ Attach to Form 1040.
▶ See Instructions for Schedule A (Form 1040).

OMB No. 1545-0074

2006

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

John Q and Mary Public

111-11-1111

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions)	1	
	2	Enter amount from Form 1040, line 38.	2	
	3	Multiply line 2 by 7.5% (.075)	3	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0.
Taxes You Paid (See instructions.)	5	State and local income taxes	5	3,953.
	6	Real estate taxes (see instructions)	6	3,372.
	7	Personal property taxes	7	
	8	Other taxes. List type and amount ▶	8	
	9	Add lines 5 through 8	9	7,325.
Interest You Paid (See instructions.)	10	Home mtg interest and points reported to you on Form 1098	10	17,491.
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ▶	11	
	11	-----	11	
Note. Personal interest is not deductible.	12	Points not reported to you on Form 1098. See instrs for spll rules	12	
	13	Investment interest. Attach Form 4952 if required. (See instrs.)	13	
	14	Add lines 10 through 13	14	17,491.
Gifts to Charity If you made a gift and got a benefit for it, see instructions.	15	Gifts by cash or check. If you made any gift of \$250 or more, see instrs.	15	5,250.
	16	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500.	16	
	17	Carryover from prior year.	17	
	18	Add lines 15 through 17	18	5,250.
Casualty and Theft Losses	19	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	19	0.
Job Expenses and Certain Miscellaneous Deductions (See instructions.)	20	Unreimbursed employee expenses – job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶	20	
	21	Tax preparation fees.	21	240.
	22	Other expenses – investment, safe deposit box, etc. List type and amount ▶	22	
	23	Add lines 20 through 22	23	240.
	24	Enter amount from Form 1040, line 38.	24	104,858.
	25	Multiply line 24 by 2% (.02)	25	2,097.
	26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26	0.
Other Miscellaneous Deductions	27	Other – from list in the instructions. List type and amount ▶	27	0.
Total Itemized Deductions	28	Is Form 1040, line 38, over \$150,500 (over \$75,250 if married filing separately)? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> Yes. Your deduction may be limited. See instructions for the amount to enter.	28	30,066.
	29	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ <input type="checkbox"/>		

Statement 1
Form 1040
Wage Schedule

<u>Taxpayer - Employer</u>	<u>Wages</u>	<u>Federal W/H</u>	<u>FICA</u>	<u>Medi- care</u>	<u>State W/H</u>	<u>SDI</u>
Bay Area Rapid Transit	<u>103,011.</u>	<u>9,538.</u>		<u>1,528.</u>	<u>3,953.</u>	
Grand Total	<u>103,011.</u>	<u>9,538.</u>	<u>0.</u>	<u>1,528.</u>	<u>3,953.</u>	<u>0.</u>

DEMO ONLY

TAXABLE YEAR

FORM

2006

California e-file Signature Authorization for Individuals

8879

Declaration Control Number (DCN) 00-772700-22237-7

Table with 2 columns: Name (Your name, Spouse's name) and SSN/ITIN. Values: John Q Public (111-11-1111), Mary Public (222-22-2222)

Part I Tax Return Information (whole dollars only)

Table with 3 rows: 1 California Adjusted Gross Income (103,196), 2 Amount you owe, 3 Refund or No Amount Due (2,234)

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 individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2006, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's PIN: check one box only

- I authorize T. James Williams & Co., A.C. to enter my PIN 04535 as my signature... I will enter my PIN as my signature...

Your signature Date

Spouse's PIN: check one box only

- I authorize T. James Williams & Co., A.C. to enter my PIN 05769 as my signature... I will enter my PIN as my signature...

Your 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. 77270085926

I certify that the above numeric entry is my PIN, which is my signature for the 2006 California individual income tax return for the taxpayer(s) indicated above.

ERO's signature Date

California Resident Income Tax Return 2006

540 C1 Side 1

APE DO NOT ATTACH FEDERAL RETURN

111-11-1111 PUBL 222-22-2222 06
JOHN Q PUBLIC
MARY PUBLIC

P
AC
A
R
RP

1807 MAIN ST
OAKLEY CA 94561

01	2	37	0	58	0	APE	0
06	0	38	0	59	0	3800	0
09	0	39	0	60	0	3803	0
10	4	40	0	61	0	SCHG1	0
12	103011	41	0	62	0	5870A	0
14	1662	42	0	63	0	5805 5805F	0
16	0	43	0	64	0	TPIDP00738366	
17	103196	45	2234	65	0	FN 770517988	
18	26113	46	0	67	0		
20	3041	47	2234	69	2234		
23	0	48	0	70	2234		
25	0	49	0	71	0		
26	0	50	0				
27	0	51	0				
28	0	52	0				321175261
31	0	53	0				1234567890
32	0	54	0				1
33	0	55	0				
34	1719	56	0				
36	3953	57	0				

DEMO ONLY

Filing Status

1 Single **4** Head of household (with qualifying person). (See instructions)

2 Married filing jointly (see instructions). **5** Qualifying widow(er) with dependent child. Enter year spouse died _____.

3 Married filing separately. Enter spouse's SSN or ITIN above and full name here

Exemptions

6 If someone can claim you (or your spouse) as a dependent, check the box here (see instructions) ● **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, do not enter amount on line 7. **7** 2 x \$91 = \$ 182.

8 **Blind:** If you (or your spouse) are visually impaired, enter 1; if both, enter 2. **8** x \$91 = \$

9 **Senior:** If you (or your spouse) are 65 or older, enter 1; if both, enter 2. ● **9** x \$91 = \$

10 **Dependents:** Enter name and relationship. **Do not include yourself or your spouse.**
See Statement 1

Total dependent exemptions ... ● **10** 4 x \$285 = \$ 1,140.

11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 21. **11** \$ 1,322.

Taxable Income

12 State wages from your Form(s) W-2, box 16, or CA Sch. W-2 CG, line C. ● **12** 103,011.

13 Enter federal adjusted gross income from Form 1040, line 37; Form 1040A, line 21; Form 1040EZ, line 4. **13** 104,858.

14 California adjustments — subtractions. Enter the amount from Schedule CA (540), line 37, column B. ● **14** 1,662.

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses (see instructions). **15** 103,196.

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** 103,196.

18 Enter the larger of your CA standard deduction OR your CA itemized deductions. ● **18** 26,113.

19 Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0-. **19** 77,083.

Tax

20 Tax. Check box if from: Tax Table Tax Rate Schedule FTB 3800 or FTB 3803. ● **20** 3,041.

21 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$150,743 (see instrs). **21** 1,322.

22 Subtract line 21 from line 20. If less than zero, enter -0-. **22** 1,719.

23 Tax. (See instructions) Check box if from: Schedule G-1 Form FTB 5870A. ● **23**

24 Add line 22 and line 23. Continue to Side 2. **24** 1,719.

2006 California Adjustments – Residents

CA (540)

Important: Attach this schedule directly behind Form 540, Side 2.

Name(s) as shown on return

SSN or ITIN

John Q and Mary Public

111-11-1111

Part I Income Adjustment Schedule Section A – Income

Table with 4 columns: Line number, Description, Federal Amounts (A), Subtractions (B), and Additions (C). Includes lines 7-22 with values like 103,011 and 1,662.

Section B – Adjustments to Income

Table with 4 columns: Line number, Description, Federal Amounts (A), Subtractions (B), and Additions (C). Includes lines 23-37 with values like 104,858 and 1,662.

DEMO ONLY

Part II Adjustments to Federal Itemized Deductions

38	Federal itemized deductions. Add the amounts on federal Schedule A (Form 1040), lines 4, 9, 14, 18, 19, 26, and 27.....	38	<u>30,066.</u>
39	Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, Voluntary Plan Disability Insurance, and state and local income tax, or General Sales Tax) and line 8 (foreign taxes only). See instructions.....	39	<u>3,953.</u>
40	Subtract line 39 from line 38.....	40	<u>26,113.</u>
41	Other adjustments including California lottery losses. See instructions. Specify... _____	41	_____
42	Combine line 40 and line 41.....	42	<u>26,113.</u>
43	Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?		
	Single or married filing separately.....		\$150,743
	Head of household.....		\$226,119
	Married filing jointly or qualifying widow(er).....		\$301,491
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	<input type="text" value="26,113."/>
44	Enter the larger of the amount on line 43 or your standard deduction listed below		
	Single or married filing separately.....		\$3,410
	Married filing jointly, head of household, or qualifying widow(er).....		\$6,820
	Transfer the amount on line 44 to Form 540, line 18.	44	<input type="text" value="26,113."/>

DEMO ONLY

Statement 1
Form 540, Line 10
Dependents

<u>Dependent's Name</u>	<u>Soc Sec #</u>	<u>Relationship</u>	<u>Months</u>
Jared M Public	333-33-3333	SON	12
Jackson C Public	444-44-4444	SON	12
Harrison L Public	555-55-5555	SON	12
Rachel E. Public	666-66-6666	Daughter	12

DEMO ONLY