

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning _____, 2016, ending _____, 20

Your first name and initial: **Thomas** Last name: **Daede** Your social security number: **468-25-9655**

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. **155 Acalanes Dr** Apt. no. **30**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **Sunnyvale CA 94086**

Foreign country name: _____ Foreign province/state/county: _____ Foreign postal code: _____

▲ Make sure the SSN(s) above and on line 6c are correct.

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

Boxes checked on 6a and 6b **1**

c Dependents:

(1) First name	Last name	(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)
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

No. of children on 6c who:
• lived with you _____
• did not live with you due to divorce or separation (see instructions) _____

Dependents on 6c not entered above _____

Add numbers on lines above **1**

d Total number of exemptions claimed

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	155,060.
8a	Taxable interest. Attach Schedule B if required	8a	94.
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	300.
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	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	155,454.

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	155,454.

	38	Amount from line 37 (adjusted gross income)	38	155,454.
Tax and Credits	39a	Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. } Total boxes checked 39a <input type="checkbox"/>		
		if: <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind. }		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b <input type="checkbox"/>		
Standard Deduction for— • 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, \$9,300	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	13,140.
	41	Subtract line 40 from line 38	41	142,314.
	42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	4,050.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	138,264.
	44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	31,751.
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
	47	Add lines 44, 45, and 46	47	31,751.
	48	Foreign tax credit. Attach Form 1116 if required	48	
	49	Credit for child and dependent care expenses. Attach Form 2441	49	
	50	Education credits from Form 8863, line 19	50	
	51	Retirement savings contributions credit. Attach Form 8880	51	
	52	Child tax credit. Attach Schedule 8812, if required	52	
	53	Residential energy credits. Attach Form 5695	53	
	54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
	55	Add lines 48 through 54. These are your total credits	55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	31,751.	
Other Taxes	57	Self-employment tax. Attach Schedule SE	57	
	58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60a	Household employment taxes from Schedule H	60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	0.
	62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	31,751.	
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64	34,247.
	65	2016 estimated tax payments and amount applied from 2015 return	65	
	66a	Earned income credit (EIC) No	66a	
	b	Nontaxable combat pay election 66b		
	67	Additional child tax credit. Attach Schedule 8812	67	
	68	American opportunity credit from Form 8863, line 8	68	
	69	Net premium tax credit. Attach Form 8962	69	
	70	Amount paid with request for extension to file	70	
	71	Excess social security and tier 1 RRTA tax withheld	71	
	72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73		
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	34,247.	
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	2,496.
	76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	2,496.
	b	Routing number 2 9 1 9 7 5 4 6 5 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
Direct deposit? See instructions.	d	Account number 7 4 5 0 0 0 0 0 5 3 3 9 2		
77	Amount of line 75 you want applied to your 2017 estimated tax	77		
Amount You Owe	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
	79	Estimated tax penalty (see instructions)	79	

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) _____

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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation Video Codec Engineer	Daytime phone number (507) 261-1117
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	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name Self-Prepared			Firm's EIN	
Firm's address			Phone no.	

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2016
Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

► **Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.**
► **Attach to Form 1040.**

Name(s) shown on Form 1040

Your social security number

Thomas Daede

468-25-9655

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 2 155,454 .				
3	Multiply line 2 by 10% (0.10). But if either you or your spouse was born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead	3	15,545 .		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			
Taxes You Paid		5 State and local (check only one box):			
a	<input checked="" type="checkbox"/> Income taxes, or	5	12,720 .		
b	<input type="checkbox"/> General sales taxes				
6	Real estate taxes (see instructions)	6			
7	Personal property taxes	7			
8	Other taxes. List type and amount ►	8			
9	Add lines 5 through 8	9		12,720 .	
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098			
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 no., and address ►	11			
Note:	Your mortgage interest deduction may be limited (see instructions).				
12	Points not reported to you on Form 1098. See instructions for special rules	12			
13	Mortgage insurance premiums (see instructions)	13			
14	Investment interest. Attach Form 4952 if required. (See instructions.)	14			
15	Add lines 10 through 14	15			
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions			
17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	420 .		
18	Carryover from prior year	18			
19	Add lines 16 through 18	19		420 .	
Casualty and Theft Losses		20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)			
Job Expenses and Certain Miscellaneous Deductions		21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►			
22	Tax preparation fees	22			
23	Other expenses—investment, safe deposit box, etc. List type and amount ►	23			
24	Add lines 21 through 23	24			
25	Enter amount from Form 1040, line 38 25	25			
26	Multiply line 25 by 2% (0.02)	26			
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27			
Other Miscellaneous Deductions		28 Other—from list in instructions. List type and amount ►			
29	Is Form 1040, line 38, over \$155,650? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29		13,140 .	
30	If you elect to itemize deductions even though they are less than your standard deduction, check here				

TAXABLE YEAR

**California Online e-file Return Authorization
for Individuals**

FORM

2016

8453-OL

Your first name and initial THOMAS		Last name DAEDE		Suffix	Your SSN or ITIN 468-25-9655
If filing jointly, spouse's/RDP's first name		Last name		Suffix	Spouse's/RDP's SSN or ITIN
Street address (number and street) or PO box 155 ACALANES DR		Apt. no. APT 30	PMB/private mailbox		Daytime telephone number (507) 261-1117
City SUNNYVALE				State CA	ZIP code 94086
Foreign country name		Foreign province/state/county		Foreign postal code	

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income. (Form 540, line 17; Form 540 2EZ, line 16; Long Form 540NR, line 32; or Short Form 540NR, line 32)	1	155,154.
2 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)	2	401.
3 Amount you owe. (Form 540, line 111; Form 540 2EZ, line 31; Long Form 540NR, line 121; or Short Form 540NR, line 121)	3	

Part II Settle Your Account Electronically for Taxable Year 2016 (Payment due 4/18/2017)

4 Direct deposit of refund
 5 Electronic funds withdrawal 5a Amount _____ 5b Withdrawal date (mm/dd/yyyy) _____

Part III Make Estimated Tax Payments for Taxable Year 2017 These are not installment payments for the current amount you owe.

	First Payment Due 4/18/2017	Second Payment Due 6/15/2017	Third Payment Due 9/15/2017	Fourth Payment Due 1/16/2018
6 Amount				
7 Withdrawal date				

Part IV Banking Information (Have you verified your banking information?)

8 Amount of refund to be directly deposited to account below 401. 12 The remaining amount of my refund for direct deposit _____
 9 Routing number 291975465 13 Routing number _____
 10 Account number 7450000053392 14 Account number _____
 11 Type of account: Checking Savings 15 Type of account: Checking Savings

Part V Declaration of Taxpayer(s)

I authorize my account to be settled as designated in Part II. If I check Part II, box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 6 from the account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I declare that the information I provided to the Franchise Tax Board (FTB), either directly or through e-file software, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above, agrees with the information and amounts shown on the corresponding lines of my 2016 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. 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 authorize my return and accompanying schedules and statements to be transmitted to the FTB directly or through the e-file software. **If the processing of my return or refund is delayed, I authorize the FTB to disclose to me, either directly or through the e-file software, the reason(s) for the delay or the date when the refund was sent.**

Sign Here

Your signature

Date

Spouse's/RDP's signature. If filing jointly, both must sign.
It is unlawful to forge a spouse's/RDP's signature.

Date

Your name: D A E D E

Your SSN or ITIN: 468-25-9655

Taxable Income

12 State wages from your Form(s) W-2, box 16. ● 12 155060.00

13 Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4. ● 13 155454.00

14 California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B. ● 14 300.00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions. ● 15 155154.00

16 California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C. ● 16 .00

17 California adjusted gross income. Combine line 15 and line 16. ● 17 155154.00

18 Enter the larger of { Your California **itemized deductions** from Schedule CA (540), line 44; **OR** Your California **standard deduction** shown below for your filing status:
 • Single or Married/RDP filing separately. \$4,129
 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$8,258
 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions . . . ● 18 4129.00

19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- . . . ● 19 151025.00

Tax

31 Tax. Check the box if from: Tax Table Tax Rate Schedule
 FTB 3800 FTB 3803 . . . ● 31 11469.00

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$182,459, see instructions . . . ● 32 111.00

33 Subtract line 32 from line 31. If less than zero, enter -0- . . . ● 33 11358.00

34 Tax. See instructions. Check the box if from: ● Schedule G-1 ● FTB 5870A. . . ● 34 .00

35 Add line 33 and line 34 . . . ● 35 11358.00

Special Credits

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions . . . ● 40 .00

43 Enter credit name [] code ● [] and amount . . . ● 43 .00

44 Enter credit name [] code ● [] and amount . . . ● 44 .00

45 To claim more than two credits, see instructions. Attach Schedule P (540). . . ● 45 .00

46 Nonrefundable renter's credit. See instructions . . . ● 46 .00

47 Add line 40 through line 46. These are your total credits. . . ● 47 .00

48 Subtract line 47 from line 35. If less than zero, enter -0- . . . ● 48 11358.00

Other Taxes

61 Alternative minimum tax. Attach Schedule P (540) . . . ● 61 .00

62 Mental Health Services Tax. See instructions. . . ● 62 .00

63 Other taxes and credit recapture. See instructions. . . ● 63 .00

64 Add line 48, line 61, line 62, and line 63. This is your total tax . . . ● 64 11358.00

Your name:

Your SSN or ITIN:

Payments	71	California income tax withheld. See instructions	● 71	<input type="text" value="11759"/>	<input type="text" value="00"/>
	72	2016 CA estimated tax and other payments. See instructions	● 72	<input type="text"/>	<input type="text" value="00"/>
	73	Withholding (Form 592-B and/or 593). See instructions	● 73	<input type="text"/>	<input type="text" value="00"/>
	74	Excess SDI (or VPD) withheld. See instructions	● 74	<input type="text"/>	<input type="text" value="00"/>
	75	Earned Income Tax Credit (EITC)	● 75	<input type="text"/>	<input type="text" value="00"/>
	76	Add lines 71 through 75. These are your total payments. See instructions	⊙ 76	<input type="text" value="11759"/>	<input type="text" value="00"/>

Use Tax	91	Use Tax. See instructions	● 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	⊙ 92	<input type="text" value="11759"/>	<input type="text" value="00"/>
	93	Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91	⊙ 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	⊙ 94	<input type="text" value="401"/>	<input type="text" value="00"/>
	95	Amount of line 94 you want applied to your 2017 estimated tax	● 95	<input type="text" value="0"/>	<input type="text" value="00"/>
	96	Overpaid tax available this year. Subtract line 95 from line 94	● 96	<input type="text" value="401"/>	<input type="text" value="00"/>
	97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64	⊙ 97	<input type="text"/>	<input type="text" value="00"/>

Your name: D A E D E

Your SSN or ITIN: 468-25-9655

		Code	Amount
Contributions	California Seniors Special Fund. See instructions	● 400	.00
	Alzheimer's Disease/Related Disorders Fund	● 401	.00
	Rare and Endangered Species Preservation Program	● 403	.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
	California Cancer Research Fund	● 413	.00
	RESERVED (DO NOT USE)00
	School Supplies for Homeless Children Fund	● 422	.00
	State Parks Protection Fund/Parks Pass Purchase	● 423	.00
	Protect Our Coast and Oceans Fund	● 424	.00
	Keep Arts in Schools Fund	● 425	.00
	State Children's Trust Fund for the Prevention of Child Abuse	● 430	.00
	Prevention of Animal Homelessness and Cruelty Fund	● 431	.00
	Revive the Salton Sea Fund	● 432	.00
	California Domestic Violence Victims Fund	● 433	.00
	Special Olympics Fund	● 434	.00
	Type 1 Diabetes Research Fund	● 435	.00
110 Add code 400 through code 435. This is your total contribution	● 110	.00	

Your name: D A E D E

Your SSN or ITIN: 468-25-9655

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 115 401.00

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

2 9 1 9 7 5 4 6 5

Savings

7 4 5 0 0 0 0 5 3 3 9 2

401.00

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

Your email address. Enter only one email address.

Preferred phone number

(5 0 7) 2 6 1 -1 1 1 7

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)

SELF PREPARED

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

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 **\$182,459**

 Head of household **\$273,692**

 Married/RDP filing jointly or qualifying widow(er) **\$364,923**

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. **\$4,129**

 Married/RDP filing jointly, head of household, or qualifying widow(er) **\$8,258**

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