

# File by Mail Instructions for your 2017 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



(If you prefer, you can still e-file. Go to the end of these instructions for more information.)

alexis frenes  
1662 E Mckinley Ave  
Pomona, CA 91767

<b>Balance Due/Refund</b>	Your federal tax return (Form 1040EZ) shows you are due a refund of \$359.00. Your refund will be direct deposited into the following account: Account Number: 7010956813, Routing Transit Number: 031100649.		
<b>What You Need to Mail</b>	<p>Your tax return - The official return for mailing is included in this printout. Remember to sign and date the return.</p> <p>Attach the first copy or Copy B of Form(s) W-2 to the front of your Form 1040EZ.</p> <p>Mail your return and attachments to:</p> <p>Department of the Treasury Internal Revenue Service Fresno, CA 93888-0014</p> <p>Deadline: Postmarked by Tuesday, April 17, 2018</p> <p>Note: Your state return may be due on a different date. Please review your state filing instructions.</p> <p>Don't forget correct postage on the envelope.</p>		
<b>What You Need to Keep</b>	Keep these instructions and a copy of your return for your records. If you did not print one before closing TurboTax, go back to the program and select File tab, then select the Print for Your Records category.		
<b>2017 Federal Tax Return Summary</b>	Adjusted Gross Income	\$	4,124.00
	Taxable Income	\$	0.00
	Total Tax	\$	0.00
	Total Payments/Credits	\$	359.00
	Amount to be Refunded	\$	359.00
	Effective Tax Rate		0.00%
<b>Changed Your Mind About e-filing?</b>	You can still file electronically. Just go back to TurboTax, select the File tab, then select the E-file category. We'll walk you through the process. Once you file, we will let you know if your return is accepted (or rejected) by the Internal Revenue Service.		



Hi alexis,

We just want to thank you for using TurboTax this year! It's our goal to make your taxes easy and accurate, year after year.

With TurboTax Federal Free Edition:

- Your filed return has 100% guaranteed accurate calculations\*
- You received a printed copy of your return with supporting documents for your records

Many happy returns from TurboTax.

Form  
**1040EZ****Income Tax Return for Single and  
Joint Filers With No Dependents** (99)**2017**

OMB No. 1545-0074

Your first name and initial <b>alexis</b>	Last name <b>frenes</b>	<b>Your social security number</b> <b>618 76 1030</b>
If a joint return, spouse's first name and initial	Last name	<b>Spouse's social security number</b>
Home address (number and street). If you have a P.O. box, see instructions. <b>1662 E Mckinley Ave</b>		Apt. no. <b>▲</b> Make sure the SSN(s) above are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>Pomona CA 91767</b>		<b>Presidential Election Campaign</b> 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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code

**Income****Attach  
Form(s) W-2  
here.**Enclose, but do  
not attach, any  
payment.

<b>1</b>	Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.	<b>1</b>	<b>4,124.</b>
<b>2</b>	Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.	<b>2</b>	
<b>3</b>	Unemployment compensation and Alaska Permanent Fund dividends (see instructions).	<b>3</b>	
<b>4</b>	Add lines 1, 2, and 3. This is your <b>adjusted gross income</b> .	<b>4</b>	<b>4,124.</b>
<b>5</b>	If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. <input type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$10,400 if <b>single</b> ; \$20,800 if <b>married filing jointly</b> . See back for explanation.	<b>5</b>	<b>10,400.</b>
<b>6</b>	Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your <b>taxable income</b> .	<b>6</b>	<b>0.</b>
<b>7</b>	Federal income tax withheld from Form(s) W-2 and 1099.	<b>7</b>	<b>359.</b>
<b>8a</b>	<b>Earned income credit (EIC)</b> (see instructions)	<b>8a</b>	
<b>b</b>	Nontaxable combat pay election. <b>8b</b>		
<b>9</b>	Add lines 7 and 8a. These are your <b>total payments and credits</b> .	<b>9</b>	<b>359.</b>
<b>10</b>	<b>Tax.</b> Use the amount on <b>line 6 above</b> to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line.	<b>10</b>	<b>0.</b>
<b>11</b>	Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>	<b>11</b>	<b>0.</b>
<b>12</b>	Add lines 10 and 11. This is your <b>total tax</b> .	<b>12</b>	<b>0.</b>
<b>13a</b>	If line 9 is larger than line 12, subtract line 12 from line 9. This is your <b>refund</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>13a</b>	<b>359.</b>

**Payments,  
Credits,  
and Tax****Refund**Have it directly  
deposited! See  
instructions and  
fill in 13b, 13c,  
and 13d, or  
Form 8888.

**► b** Routing number 0 3 1 1 0 0 6 4 9 **► c** Type: ☒ Checking ☐ Savings

**► d** Account number 7 0 1 0 9 5 6 8 1 3

**Amount  
You Owe**

<b>14</b>	If line 12 is larger than line 9, subtract line 9 from line 12. This is the <b>amount you owe</b> . For details on how to pay, see instructions.	<b>14</b>	
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**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 <b>►</b>	Phone no. <b>►</b>	Personal identification number (PIN) <b>►</b>
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**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, to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature	Date	Your occupation <b>Warehouse worker</b>	Daytime phone number <b>(909) 753-7218</b>
Spouse's signature. If a joint return, <b>both</b> 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 <b>►</b>	<b>Self-Prepared</b>		Firm's EIN <b>►</b>	
Firm's address <b>►</b>			Phone no.	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

BAA

REV 02/13/18 Intuit.cpf.sp

Form **1040EZ** (2017)

**Health Coverage Exemptions**

► Attach to Form 1040, Form 1040A, or Form 1040EZ.  
► Go to [www.irs.gov/Form8965](http://www.irs.gov/Form8965) for instructions and the latest information.

Name as shown on return  
alexis frenesYour social security number  
618-76-1030

Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption on your return.

**Part I** **Marketplace-Granted Coverage Exemptions for Individuals.** If you and/or a member of your tax household have an exemption granted by the Marketplace, complete Part I.

	(a) Name of Individual	(b) SSN	(c) Exemption Certificate Number
1			
2			
3			
4			
5			
6			

**Part II** **Coverage Exemptions Claimed on Your Return for Your Household**

7 If you are claiming a coverage exemption because your household income or gross income is below the filing threshold, check here. ☒

**Part III** **Coverage Exemptions Claimed on Your Return for Individuals.** If you and/or a member of your tax household are claiming an exemption on your return, complete Part III.

	(a) Name of Individual	(b) SSN	(c) Exemption Type	(d) Full Year	(e) Jan	(f) Feb	(g) Mar	(h) Apr	(i) May	(j) June	(k) July	(l) Aug	(m) Sept	(n) Oct	(o) Nov	(p) Dec
8																
9																
10																
11																
12																
13																

## ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

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**Taxpayer:** alexis frenes

**Primary SSN:** 618-76-1030

**Federal Return Submitted:** March 05, 2018 03:49 AM PST

**Federal Return Acceptance Date:** \_\_\_\_\_

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Your return has been rejected by the IRS

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The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

### 1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

#### TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 17, 2018. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 17, 2018, your Intuit electronic postmark will indicate April 17, 2018, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 17, 2018, and a corrected return is submitted and accepted before April 22, 2018. If your return is submitted after April 22, 2018, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2018. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2018, and the corrected return is submitted and accepted by October 20, 2018.

### 2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

# File by Mail Instructions for your 2017 California Tax Return

Important: Your taxes are not finished until all required steps are completed.



(If you prefer, you can still e-file. Go to the end of these instructions for more information.)

alexis frenes  
1662 E Mckinley Ave  
Pomona, CA 91767

<b>Balance Due/Refund</b>	Your California state tax return (Form 540) shows you are due a refund of \$17.00. Your refund will be direct deposited into the following account: Account Number: 7010956813, Routing Transit Number: 031100649.		
<b>What You Need to Mail</b>	<p>Your tax return - The official return for mailing is included in this printout. Remember to sign and date the return.</p> <p>Attach the following to your California tax return:</p> <ul style="list-style-type: none"><li>- any Form(s) W-2G, 592-B, 593, and 1099s that have California withholding you may have received to the front of your return. Do not attach any Form(s) W-2.</li></ul> <p>Mail your return and attachments to:</p> <p>Franchise Tax Board PO Box 942840 Sacramento, CA 94240-0001</p> <p>Deadline: Postmarked by April 17, 2018</p> <p>Don't forget correct postage on the envelope.</p>		
<b>What You Need to Keep</b>	Keep these instructions and a copy of your return for your records. If you did not print one before closing TurboTax, go back to the program and select File tab, then select the Print for Your Records category.		
<b>2017 California Tax Return Summary</b>	Taxable Income	\$	0.00
	Total Tax	\$	0.00
	Total Payments/Credits	\$	17.00
	Amount to be Refunded	\$	17.00
	Effective Tax Rate		0.00%
<b>Special Formatting</b>	Your printed state tax forms may have special formatting on them, such as bar codes or other symbols. This is to enable fast processing. Don't worry, these forms have been approved by your taxing authority and are acceptable for printing and mailing.		
<b>Changed Your Mind About e-filing?</b>	You can still file electronically. Just go back to TurboTax, select the File tab, then select the E-file category. We'll walk you through the process. Once you file, we will let you know if your return is accepted (or rejected) by the state taxing agency.		

**2017 California Resident Income Tax Return****540**

APE

DO NOT ATTACH FEDERAL RETURN

618-76-1030 FREN  
ALEXIS FRENES

17

A  
R  
RP1662 E MCKINLEY AVE  
POMONA CA 91767

09-13-1994

<b>Filing Status</b>	<b>1</b> <input checked="" type="checkbox"/> Single	<b>4</b> <input type="checkbox"/> Head of household (with qualifying person). See instructions.
	<b>2</b> <input type="checkbox"/> Married/RDP filing jointly. See inst.	<b>5</b> <input type="checkbox"/> Qualifying widow(er) with dependent child. Enter year spouse/RDP died <input type="text"/>
	<b>3</b> <input type="checkbox"/> Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here <input type="text"/>	

If your California filing status is different from your federal filing status, check the box here ☐

**6** If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst. ☐► For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. **Whole dollars only****7 Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2, in the box. If you checked the box on line 6, see instructions. ☒ **7**  X \$114 = ☒ \$ **8 Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 ☒ **8**  X \$114 = ☒ \$ **9 Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 ☒ **9**  X \$114 = ☒ \$ **10 Dependents: Do not include yourself or your spouse/RDP.****Exemptions**

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total dependent exemptions ☒ **10**  X \$353 = ☒ \$ **11 Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32. ☒ **11** \$

Your name: F R E N E S

Your SSN or ITIN: 618-76-1030

Taxable Income

- 12 State wages from your Form(s) W-2, box 16. 12 4124.00
- 13 Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4. 13 4124.00
- 14 California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B. 14 .00
- 15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions. 15 4124.00
- 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 4124.00
- 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. \$4,236   
 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$8,472   
 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions. } 18 4236.00
- 19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0-. 19 0.00

Tax

- 31 Tax. Check the box if from: ☒ Tax Table ☐ Tax Rate Schedule   
 ☐ FTB 3800 ☐ FTB 3803 31 0.00
- 32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$187,203, see instructions. 32 114.00
- 33 Subtract line 32 from line 31. If less than zero, enter -0-. 33 0.00
- 34 Tax. See instructions. Check the box if from: ☐ Schedule G-1 ☐ FTB 5870A. 34 .00
- 35 Add line 33 and line 34. 35 0.00

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 0.00

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 0.00



Your name:

F R E N E S

Your SSN or ITIN:

618-76-1030

Payments

- |    |  |      |    |     |
|----|--|------|----|-----|
| 71 | California income tax withheld. See instructions . . . . .                         | ● 71 | 17 | .00 |
| 72 | 2017 CA estimated tax and other payments. See instructions . . . . .               | ● 72 |    | .00 |
| 73 | Withholding (Form 592-B and/or 593). See instructions . . . . .                    | ● 73 |    | .00 |
| 74 | Excess SDI (or VPD) withheld. See instructions . . . . .                           | ● 74 |    | .00 |
| 75 | Earned Income Tax Credit (EITC) . . . . .  | ● 75 |    | .00 |
| 76 | Add lines 71 through 75. These are your total payments. See instructions . . . . . | ● 76 | 17 | .00 |

Use Tax

- |    |   |      |   |     |
|----|---|------|---|-----|
| 91 | Use Tax. Do not leave blank. See instructions . . . . . | ● 91 | 0 | .00 |
|----|---|------|---|-----|

If line 91 is zero, check if:



No use tax is owed.



You paid your use tax obligation directly to CDTFA.

Overpaid Tax/Tax Due

- |    |  |      |    |     |
|----|--|------|----|-----|
| 92 | Payments balance. If line 76 is more than line 91, subtract line 91 from line 76 . . . . . | ● 92 | 17 | .00 |
| 93 | Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91 . . . . .  | ● 93 |    | .00 |
| 94 | Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92 . . . . .     | ● 94 | 17 | .00 |
| 95 | Amount of line 94 you want applied to your 2018 estimated tax . . . . .                    | ● 95 |    | .00 |
| 96 | Overpaid tax available this year. Subtract line 95 from line 94 . . . . .                  | ● 96 | 17 | .00 |
| 97 | Tax due. If line 92 is less than line 64, subtract line 92 from line 64 . . . . .          | ● 97 |    | .00 |



Your name:

F R E N E S

Your SSN or ITIN:

618-76-1030

## Contributions

	<b>Code</b>	<b>Amount</b>
California Seniors Special Fund. See instructions . . . . .	● 400	<input type="text"/> .00
Alzheimer's Disease/Related Disorders Fund . . . . .	● 401	<input type="text"/> .00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program . . . . .	● 403	<input type="text"/> .00
California Breast Cancer Research Voluntary Tax Contribution Fund . . . . .	● 405	<input type="text"/> .00
California Firefighters' Memorial Fund . . . . .	● 406	<input type="text"/> .00
Emergency Food for Families Voluntary Tax Contribution Fund . . . . .	● 407	<input type="text"/> .00
California Peace Officer Memorial Foundation Fund . . . . .	● 408	<input type="text"/> .00
California Sea Otter Fund . . . . .	● 410	<input type="text"/> .00
California Cancer Research Voluntary Tax Contribution Fund . . . . .	● 413	<input type="text"/> .00
School Supplies for Homeless Children Fund . . . . .	● 422	<input type="text"/> .00
State Parks Protection Fund/Parks Pass Purchase . . . . .	● 423	<input type="text"/> .00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund . . . . .	● 424	<input type="text"/> .00
Keep Arts in Schools Voluntary Tax Contribution Fund . . . . .	● 425	<input type="text"/> .00
State Children's Trust Fund for the Prevention of Child Abuse . . . . .	● 430	<input type="text"/> .00
Prevention of Animal Homelessness and Cruelty Fund . . . . .	● 431	<input type="text"/> .00
Revive the Salton Sea Fund . . . . .	● 432	<input type="text"/> .00
California Domestic Violence Victims Fund . . . . .	● 433	<input type="text"/> .00
Special Olympics Fund . . . . .	● 434	<input type="text"/> .00
Type 1 Diabetes Research Fund . . . . .	● 435	<input type="text"/> .00
California YMCA Youth and Government Voluntary Tax Contribution Fund . . . . .	● 436	<input type="text"/> .00
Habitat for Humanity Voluntary Tax Contribution Fund . . . . .	● 437	<input type="text"/> .00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund . . . . .	● 438	<input type="text"/> .00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund . . . . .	● 439	<input type="text"/> .00
Rape Backlog Kit Voluntary Tax Contribution Fund . . . . .	● 440	<input type="text"/> .00
<b>110</b> Add code 400 through code 440. This is your total contribution . . . . .	● 110	<input type="text"/> .00

Your name: F R E N E S

Your SSN or ITIN: 618-76-1030

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/pay](http://ftb.ca.gov/pay) 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 17 .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

0 3 1 1 0 0 6 4 9

☐ Savings

7 0 1 0 9 5 6 8 1 3

17 .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/forms](http://ftb.ca.gov/forms) and search for **1131**. To request this notice by mail, call 800.852.5711. Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

Date

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

**Sign  
Here**

It is unlawful  
to forge a  
spouse's/RDP's  
signature.

Joint tax return?  
(See instructions)

☒ Your email address. Enter only one email address.

☒ Preferred phone number

( 9 0 9 ) 7 5 3 - 7 2 1 8

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

SELF-PREPARED

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

PTIN

Firm's address

FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. . . ☐ Yes ☒ No

Print Third Party Designee's Name

Telephone Number

( )

**2017****Wage and Tax Statement****W-2****Important: Attach this form to the back of your original or amended Form 540, 540 2EZ, or Form 540NR (Long or Short).**

Name(s) as shown on tax return

SSN or ITIN

ALEXIS FRENES

6 1 8 7 6 1 0 3 0

**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	1 <sup>st</sup> W-2	2 <sup>nd</sup> W-2
a. Employee's social security number*	<input type="radio"/> 618-76-1030	<input type="radio"/>
b. Employer identification number (EIN)	<input type="radio"/> 34-1441019	<input type="radio"/>
c. Employer's name	<input type="radio"/> FEDEX GROUND PKG SYSTEM INC 30 FEDEX PARKWAY	<input type="radio"/>
Address	<input type="radio"/> 2ND FLOOR HORIZONTAL	<input type="radio"/>
City	<input type="radio"/> COLLIERVILLE	<input type="radio"/>
State	<input type="radio"/> TN	<input type="radio"/>
Zip code	<input type="radio"/> 38017	<input type="radio"/>
e. Employee's first name*	<input type="radio"/> ALEXIS	<input type="radio"/>
Middle initial*	<input type="radio"/>	<input type="radio"/>
Last name*	<input type="radio"/> FRENES	<input type="radio"/>
Suffix*	<input type="radio"/>	<input type="radio"/>
f. Employee address*	<input type="radio"/> 1662 E MCKINLEY AVE	<input type="radio"/>
City*	<input type="radio"/> POMONA	<input type="radio"/>
State*	<input type="radio"/> CA	<input type="radio"/>
Zip code*	<input type="radio"/> 91767	<input type="radio"/>
1. Wages, tips, other compensation	<input type="radio"/> 4,124.	<input type="radio"/>
2. Federal income tax withheld	<input type="radio"/> 359.	<input type="radio"/>
3. Social security wages	<input type="radio"/> 4,124.	<input type="radio"/>
4. Social security tax withheld	<input type="radio"/> 256.	<input type="radio"/>
6. Medicare tax withheld	<input type="radio"/> 60.	<input type="radio"/>



W-2 Information		1 <sup>st</sup> W-2		2 <sup>nd</sup> W-2	
7. Social security tips	<input checked="" type="radio"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>	
8. Allocated tips (not included in box 1)	<input checked="" type="radio"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>	
10. Dependent care benefits	<input checked="" type="radio"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>	
11. Nonqualified plans	<input checked="" type="radio"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>	
12. Codes and amounts		Codes	Amounts	Codes	Amounts
12a.	<input checked="" type="radio"/>	DD	2,260.	<input checked="" type="radio"/>	
12b.	<input checked="" type="radio"/>			<input checked="" type="radio"/>	
12c.	<input checked="" type="radio"/>			<input checked="" type="radio"/>	
12d.	<input checked="" type="radio"/>			<input checked="" type="radio"/>	
13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay		<input checked="" type="radio"/> Statutory employee		<input checked="" type="radio"/> Statutory employee	
		<input checked="" type="radio"/> Retirement plan		<input checked="" type="radio"/> Retirement plan	
		<input checked="" type="radio"/> Third-party sick pay		<input checked="" type="radio"/> Third-party sick pay	
14. SDI, VPDI, or CA SDI (from box 14 or 19)		Type	Amount	Type	Amount
	<input checked="" type="radio"/>	CASDI	37.	<input checked="" type="radio"/>	
15. State and employer's state ID number		State	Employer's state ID number	State	Employer's state ID number
	<input checked="" type="radio"/>	CA	35628643	<input checked="" type="radio"/>	
16. State wages, tips, etc.	<input checked="" type="radio"/>		4,124.	<input checked="" type="radio"/>	
17. State income tax	<input checked="" type="radio"/>		17.	<input checked="" type="radio"/>	

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