

For the year Jan. 1- Dec. 31, 2012, or other tax year beginning , 2012, ending , 20 See separate instructions.

DANA LEVY 912 NORTH CROFT AVE APT. 101 LOS ANGELES, CA 90069 Your social security number 595-01-8971 Spouse's social security number

Foreign country name Foreign province/state/country Foreign postal code 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 X Single 4 Head of household (with qualifying person). (See instructions.) 2 Married filing jointly (even if only one had income) If the qualifying person is a child but not your dependent, enter this child's name here. 3 Married filing separately Enter spouse's SSN above & full name here. 5 Qualifying widow(er) with dependent child

Exemptions 6a X Yourself. If someone can claim you as a dependent, do not check box 6a. 6b Spouse c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) If qual. child < 17 for child tax cr. (see inst) Boxes checked on 6a and 6b 1 No. of children on 6c who: lived with you did not live with you due to divorce or separation (see inst) Dependents on 6c not entered above Add numbers on lines above 1

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 173,633. 8a Taxable interest. Attach Schedule B if required 8a 59. 8b Tax-exempt interest. Do not include on line 8a 8b 9a Ordinary dividends. Attach Schedule B if required 9a 9b Qualified dividends 9b 1,243. 10 Taxable refunds, credits, or offsets of state and local income taxes 10 174,935. 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. 13 14 Other gains or (losses). Attach Form 4797. 14 15a IRA distributions 15a b Taxable amt 15b 16a Pensions and annuities 16a b Taxable amt 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. 22 174,935.

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. 37 174,935.

KBA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2012)

**Tax and Credits**

**38** Amount from line 37 (adjusted gross income). **38** **174,935.**

**39a** Check ☐ **You** were born before January 2, 1948, ☐ **Blind.** **Total boxes** ☐  
if: ☐ **Spouse** was born before January 2, 1948, ☐ **Blind.** **checked** **39a** ☐

**b** If your spouse itemizes on a separate return or you were a dual-status alien, check here **39b** ☐

**Standard Deduction for -**

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instr.

• All others:

Single or Married filing separately, \$5,950

Married filing jointly or Qualifying widow(er), \$11,900

Head of household, \$8,700

**40** **Itemized deductions** (from Schedule A) or your **standard deduction** (see left margin) **40** **16,196.**

**41** Subtract line 40 from line 38 **41** **158,739.**

**42** **Exemptions.** Multiply \$3,800 by the number on line 6d **42** **3,800.**

**43** **Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- **43** **154,939.**

**44** **Tax** Check if any from: **a** ☐ Form(s) 8814 **b** ☐ Form 4972 **c** ☐ 962 election **44** **36,843.**

**45** **Alternative minimum tax** (see instructions). Attach Form 6251 **45**

**46** Add lines 44 and 45. **46** **36,843.**

**47** Foreign tax credit. Attach Form 1116 if required **47**

**48** Credit for child and dependent care expenses. Attach Form 2441 **48**

**49** Education credits from Form 8863, line 19 **49**

**50** Retirement savings contributions credit. Attach Form 8880 **50**

**51** Child tax credit. Attach Schedule 8812, if required **51**

**52** Residential energy credit. Attach Form 5695 **52**

**53** Other credits from Form: **a** ☐ 3800 **b** ☐ 8801 **c** ☐ **53**

**54** Add in 47 through 53. These are your **total credits** **54**

**55** Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- **55** **36,843.**

**Other Taxes**

**56** Self-employment tax. Attach Schedule SE **56**

**57** Unreported social security and Medicare tax from Form: **a** ☐ 4137 **b** ☐ 8919 **57**

**58** Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required **58**

**59a** Household employment taxes from Schedule H **59a**

**b** First-time homebuyer credit repayment. Attach Form 5405 if required **59b**

**60** Other taxes. Enter code(s) from instructions **60**

**61** Add lines 55 through 60. This is your **total tax** **61** **36,843.**

**Payments**

If you have a qualifying child, attach Schedule EIC.

**62** Federal income tax withheld from Forms W-2 and 1099 **62** **38,329.**

**63** 2012 estimated tax payments and amount applied from 2011 return **63**

**64a** **Earned income credit (EIC)** **64a**

**b** Nontaxable combat pay election **64b**

**65** Additional child tax credit. Attach Schedule 8812 **65**

**66** American opportunity credit from Form 8863, line 8 **66**

**67** Reserved **67**

**68** Amount paid with request for extension to file **68**

**69** Excess social security and tier 1 RRTA tax withheld **69**

**70** Credit for federal tax on fuels. Attach Form 4136 **70**

**71** Credits from Form: **a** ☐ 2439 **b** ☒ Re-served **c** ☐ 8801 **d** ☐ 8885 **71**

**72** Add lines 62, 63, 64a, and 65 through 71. These are your **total payments**. **72** **38,329.**

**Refund**

**73** If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you **overpaid**. **73** **1,486.**

**74a** Amount of line 73 you want **refunded to you**. If Form 8888 is attached, check here ☐ **74a** **1,486.**

Direct deposit? See instructions.

**b** Routing number **021000021** **c** Type: ☒ Checking ☐ Savings

**d** Account number **151194220065**

**75** Amount of line 73 you want **applied to your 2013 estimated tax** **75**

**Amount You Owe**

**76** **Amount you owe.** Subtract line 72 from line 61. 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)? ☐ **Yes.** Complete below. ☒ **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal ID number (PIN) ☐

**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
_____ Spouse's signature. If a joint return, <b>both</b> must sign.	_____ Date	<b>ACCOUNTANT</b> Spouse's occupation	_____ If the IRS sent you an ID 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 <input type="checkbox"/>	Firm's EIN <input type="checkbox"/>		Phone no. <input type="checkbox"/>	
Firm's address <input type="checkbox"/>				

**SCHEDULE A  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Itemized Deductions**

► Information about Schedule A and its separate instructions is at [www.irs.gov/form1040](http://www.irs.gov/form1040).

► Attach to Form 1040.

OMB No. 1545-0074

**2012**

Attachment  
Sequence No. **07**

Name(s) shown on Form 1040

**DANA LEVY**

Your social security number

**595-01-8971**

**Medical  
and  
Dental  
Expenses**

**Caution.** Do not include expenses reimbursed or paid by others.

**1** Medical and dental expenses (see instructions) \_\_\_\_\_

**2** Enter amount from Form 1040, line 38 **2** \_\_\_\_\_

**3** Multiply line 2 by 7.5% (.075) \_\_\_\_\_

**4** Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- \_\_\_\_\_

**Taxes You  
Paid**

**5** State and local (check only one box):

**a** ☒ Income taxes, or

**b** ☐ General sales taxes

**6** Real estate taxes (see instructions) \_\_\_\_\_

**7** Personal property taxes \_\_\_\_\_

**8** Other taxes. List type and amount: \_\_\_\_\_

**9** Add lines 5 through 8 \_\_\_\_\_

**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: \_\_\_\_\_

**Note.**  
Your mortgage  
interest  
deduction may  
be limited (see  
instructions).

**12** Points not reported to you on Form 1098. See instructions for special rules \_\_\_\_\_

**13** Mortgage insurance premiums (see instructions) \_\_\_\_\_

**14** Investment interest. Attach Form 4952 if required. (See instructions.) \_\_\_\_\_

**15** Add lines 10 through 14 \_\_\_\_\_

**Gifts to  
Charity**

**16** Gifts by cash or check. If you made any gift of \$250 or more, see instructions **SEE ATTACHMENT** \_\_\_\_\_

If you made a  
gift and got a  
benefit for it,  
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. \_\_\_\_\_

**18** Carryover from prior year \_\_\_\_\_

**19** Add lines 16 through 18 \_\_\_\_\_

**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 inst.) ►

**FORM 2106EZ** **753.**

**22** Tax preparation fees \_\_\_\_\_

**23** Other expenses - investment, safe deposit box, etc. List type and amount: \_\_\_\_\_

**24** Add lines 21 through 23 \_\_\_\_\_

**25** Enter amount from Form 1040, line 38 **25** **174,935.**

**26** Multiply line 25 by 2% (.02) \_\_\_\_\_

**27** Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- \_\_\_\_\_

**Other  
Miscellaneous  
Deductions**

**28** Other - from list in instructions. List type and amount: \_\_\_\_\_

**Total  
Itemized  
Deductions**

**29** Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. **29** **16,196.**

**30** If you elect to itemize deductions even though they are less than your standard deduction, check here ☐

**KBA** For Paperwork Reduction Act Notice, see Form 1040 instructions.

**Schedule A (Form 1040) 2012**

**Unreimbursed Employee Business Expenses**Department of the Treasury  
Internal Revenue Service (99)▶ **Attach to Form 1040 or Form 1040NR.**▶ Information about Form 2106 and its separate instructions is available at [www.irs.gov/form2106](http://www.irs.gov/form2106).**2012**Attachment  
Sequence No. **129A**

Your name

**DANA LEVY**

Occupation in which you incurred expenses

**ACCOUNTANT**

Social security number

**595-01-8971****You Can Use This Form Only if All of the Following Apply.**

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense does not have to be required to be considered necessary.
- You **do not** get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2012.

**Caution:** You can use the standard mileage rate for 2012 **only if:** (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, **or** (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

**Part I Figure Your Expenses**

1	Complete Part II. Multiply line 8a by 55.5¢ (.555). Enter the result here . . . . .	1	
2	Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel or commuting to and from work . . . . .	2	
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment . . . . .	3	<b>657.</b>
4	Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment . . . . .	4	
5	Meals and entertainment expenses: \$ <b>191</b> x 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.) . . . . .	5	<b>96.</b>
6	<b>Total expenses.</b> Add lines 1 through 5. Enter here and on <b>Schedule A (Form 1040), line 21</b> (or on <b>Schedule A (Form 1040NR), line 7</b> ). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.) . . . . .	6	<b>753.</b>

**Part II Information on Your Vehicle.** Complete this part **only** if you are claiming vehicle expense on line 1.

7 When did you place your vehicle in service for business use? (month, day, year) ▶ \_\_\_\_\_

8 Of the total number of miles you drove your vehicle during 2012, enter the number of miles you used your vehicle for:

a Business \_\_\_\_\_ b Commuting (see instructions) \_\_\_\_\_ c Other \_\_\_\_\_

9 Was your vehicle available for personal use during off-duty hours? . . . . . ☐ Yes ☐ No

10 Do you (or your spouse) have another vehicle available for personal use? . . . . . ☐ Yes ☐ No

11a Do you have evidence to support your deduction? . . . . . ☐ Yes ☐ No

b If "Yes," is the evidence written? . . . . . ☐ Yes ☐ No

**KBA For Paperwork Reduction Act Notice, see your tax return instructions.**Form **2106-EZ** (2012)

## Supporting Schedules

2012

Name: DANA LEVY

SSN: 595-01-8971

-----  
Schedule A

## Line 16 - Gifts by Cash or Check

Description	Amount
LLS	50
NFTE LOS ANGELES	40
NTL EATING DISORDERS ASSO	50
	-----
Total	140

## Schedule A

## Line 17 - Gifts by Other Than Cash or Check

Description	Amount
CLOTHING	300
	-----
Total	300

**California Resident  
Income Tax Return 2012**

FORM

**540 C1 Side 1**

APE

ATTACH FEDERAL RETURN

595-01-8971 LEVY  
DANA LEVY

12

P  
AC  
A  
R  
RP912 NORTH CROFT AVE APT 101  
LOS ANGELES CA 90069 05-11-1980

01		1	45	0	404	0	APE	0
06		0	46	0	405	0	FS	0
09	00	0	47	0	406	0	3800	0
10	00	0	48	13313	407	0	3803	0
11		104	61	0	408	0	SCHG1	0
12		173633	62	0	410	0	5870A	0
13		174935	63	0	412	0	5805 5805F	0
14		1243	64	13313	413	0	DESIGNEE	0
16		0	71	14537	414	0	TPIDP	
17		173692	72	0	419	0	FN	
18		3841	73	0	420	0	CCF	0
19		169851	74	0	421	0	3805P	1
31		13399	75	14537	422	0	NQDC	0
32		86	91	1224	423	0	3540	0
33		13313	92	0	110	0	3805Z	0
34		0	93	1224	111	0	3807	0
35		13313	94	0	112	0	3808	0
40		0	95	0	113	0	3809	0
41		0	400	0	115	1224	3549A	0
42		0	401	0	116	0	IRC1341	0
43		0	402	0	117	0		
44		0	403	0				

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign  
Here**It is unlawful  
to forge a  
spouse's/  
RDP's  
signature.Joint tax  
return?  
(see page 17)Your signature For Information OnlySpouse's/RDP's signature (if a  
joint tax return, both must sign) For Information OnlyDaytime phone number (optional) 2022762191 Date \_\_\_\_\_

Your email address (optional). Enter only one. \_\_\_\_\_

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

• PTIN

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

Firm's address

• FEIN

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

Print Third Party Designee's Name

Telephone Number

046

3101126

Your name: DANA LEVYYour SSN or ITIN: 595-01-8971

F I L I N G S	1	<input checked="" type="checkbox"/> Single																
	2	<input type="checkbox"/> Married/RDP filing jointly (see page 3)																
	3	<input type="checkbox"/> Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here _____																
	4	<input type="checkbox"/> Head of household (with qualifying person) (see page 3)																
	5	<input type="checkbox"/> Qualifying widow(er) with dependent child. Enter year spouse/RDP died. _____																
If your California filing status is different from your federal filing status, check the box here _____																		
6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here (see page 7) _____			6															
E X E M P T I O N S	7	<b>Personal:</b> If you checked 1, 3, or 4 above, enter 1 in the box. If you checked 2 or 5, enter 2 in the box. Whole dollars only																
		If you checked the box on line 6, see page 7 _____ 7 <input type="checkbox"/> X \$104 = \$ 104.																
	8	<b>Blind:</b> If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 8 <input type="checkbox"/> X \$104 = \$																
	9	<b>Senior:</b> If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 _____ 9 <input type="checkbox"/> X \$104 = \$																
	10	<b>Dependents: Do not include yourself or your spouse/RDP.</b>																
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th style="width:33%;">First name</th><th style="width:33%;">Last name</th><th style="width:34%;">Dependent's relationship to you</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>				First name	Last name	Dependent's relationship to you												
First name	Last name	Dependent's relationship to you																
Total dependent exemptions _____ 10 <input type="checkbox"/> X \$321 = \$																		
11 <b>Exemption amount:</b> Add line 7 through line 10. Transfer this amount to line 32 _____ 11 \$ 104.																		
T A X A B L E  I N C O M E	12	State wages from your Form(s) W-2, box 16 _____ 12 173,633.																
	13	Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4. _____ 13 174,935.																
	14	California adjustments - subtractions. Enter the amount from Schedule CA (540), line 37, column B. _____ 14 1,243.																
	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses (see page 9) _____ 15 173,692.																
	16	California adjustments - additions. Enter the amount from Schedule CA (540), line 37, column C. _____ 16 0.																
17	California adjusted gross income. Combine line 15 and line 16 _____ 17 173,692.																	
18	Enter the larger of your CA <b>standard deduction</b> OR your CA <b>itemized deductions</b> _____ 18 3,841.																	
19	Subtract line 18 from line 17. This is your <b>taxable income</b> . If less than zero, enter - 0- _____ 19 169,851.																	
T A X	31	Tax. Check box if from: <input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803. _____ 31 13,399.																
	32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$169,730 (see page 10) _____ 32 86.																
	33	Subtract line 32 from line 31. If less than zero, enter - 0- _____ 33 13,313.																
	34	Tax (see page 11). Check box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> Form FTB 5870A. _____ 34																
	35	Add line 33 and line 34. _____ 35 13,313.																
S P E C I A L  C R E D I T S	40	Nonrefundable Child and Dependent Care Expense Credit, (see page 11). Attach form FTB 3506 _____ 40																
	41	New jobs credit, amount generated (see page 11) _____ 41																
	42	New jobs credit, amount claimed (see page 11) _____ 42																
	43	Credit <input type="checkbox"/> Code _____ amount _____ 43																
	44	Credit <input type="checkbox"/> Code _____ amount _____ 44																
45	To claim more than two credits (see page 12). _____ 45																	
46	Nonrefundable renter's credit (see page 12). _____ 46																	
47	Add line 40 and line 42 through line 46. These are your total credits _____ 47																	
48	Subtract line 47 from line 35. If less than zero, enter - 0- _____ 48 13,313.																	
O T H E R  T A X E S	61	Alternative minimum tax. Attach Schedule P (540) _____ 61																
	62	Mental Health Services Tax (see page 13). _____ 62																
	63	Other taxes and credit recapture (see page 13) _____ 63																
	64	Add line 48, line 61, line 62, and line 63. This is your total tax _____ 64 13,313.																
	P A Y M E N T S	71	California income tax withheld (see page 13) _____ 71 14,537.															
72		2012 CA estimated tax and other payments (see page 13) _____ 72																
73		Real estate and other withholding (see page 13) _____ 73																
74		Excess SDI (or VPD) withheld (see page 13) _____ 74																
75		Add line 71, line 72, line 73, and line 74. These are your total payments (see page 14) _____ 75 14,537.																

Your name: DANA LEVYYour SSN or ITIN: 595-01-8971

OVERPAID TAX DUE	<b>91</b>	Overpaid tax. If line 75 is more than line 64, subtract line 64 from line 75 . . . . .	<b>91</b>	<u>1,224.</u>
	<b>92</b>	Amount of line 91 you want applied to your <b>2013</b> estimated tax . . . . .	<b>92</b>	
	<b>93</b>	Overpaid tax available this year. Subtract line 92 from line 91 . . . . .	<b>93</b>	<u>1,224.</u>
	<b>94</b>	Tax due. If line 75 is less than line 64, subtract line 75 from line 64 . . . . .	<b>94</b>	<u>0.</u>

USE

TAX **95** Use Tax. **This is not a total line** (see page 14) . . . . . • **95** \_\_\_\_\_

		Code	Amount
CONTRIBUTIONS	California Seniors Special Fund (see page 23) . . . . .	• 400	_____
	Alzheimer's Disease/Related Disorders Fund . . . . .	• 401	_____
	California Fund for Senior Citizens . . . . .	• 402	_____
	Rare and Endangered Species Preservation Program . . . . .	• 403	_____
	State Children's Trust Fund for the Prevention of Child Abuse . . . . .	• 404	_____
	California Breast Cancer Research Fund . . . . .	• 405	_____
	California Firefighters' Memorial Fund . . . . .	• 406	_____
	Emergency Food For Families Fund . . . . .	• 407	_____
	California Peace Officer Memorial Foundation Fund . . . . .	• 408	_____
	California Sea Otter Fund . . . . .	• 410	_____
	Municipal Shelter Spay-Neuter Fund . . . . .	• 412	_____
	California Cancer Research Fund . . . . .	• 413	_____
	ALS/Lou Gehrig's Disease Research Fund . . . . .	• 414	_____
	Child Victims of Human Trafficking Fund . . . . .	• 419	_____
	California YMCA Youth and Government Fund . . . . .	• 420	_____
	California Youth Leadership Fund . . . . .	• 421	_____
	School Supplies for Homeless Children Fund . . . . .	• 422	_____
	State Parks Protection Fund/Parks Pass Purchase . . . . .	• 423	_____
	<b>110</b> Add code 400 through code 423. This is your total contribution . . . . .	• 110	<u>0.</u>

AMOUNT YOU OWE	<b>111</b>	<b>AMOUNT YOU OWE.</b> Add line 94, line 95, and line 110 (see page 15). <b>Do Not Send Cash.</b>	
		Mail to: <b>FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0009</b> . . . . .	• 111 <u>0.</u>
		Pay online - Go to <b>ftb.ca.gov</b> for more information.	

PLEN & NET	<b>112</b>	Interest, late return penalties, and late payment penalties . . . . .	<b>112</b>	_____
	<b>113</b>	Underpayment of estimated tax. Check box <input type="checkbox"/> <b>FTB 5805 attached</b> <input type="checkbox"/> <b>FTB 5805F attached</b> . . . . .	• 113	<u>0.</u>
	<b>114</b>	Total amount due (see page 17). Enclose, but <b>do not</b> staple, any payment . . . . .	<b>114</b>	<u>0.</u>

REFUND AND DIRECT DEPOSIT	<b>115</b>	<b>REFUND OR NO AMOUNT DUE.</b> Subtract line 95 and line 110 from line 93 (see page 17). Mail to:	
		<b>FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0009</b> . . . . .	• 115 <u>1,224.</u>
		Fill in the information to authorize direct deposit of your refund into one or two accounts. <b>Do not</b> attach a voided check or a deposit slip (see page 17).	
		<b>Have you verified the routing and account numbers?</b> Use whole dollars only.	
		All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:	
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings _____ • Routing number • Type • Account number • <b>116</b> Direct deposit amount	
		The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:	
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings _____ • Routing number • Type • Account number • <b>117</b> Direct deposit amount	



**2012****Wage and Tax Statement****W-2****Important: Attach this form to the back of your Form 540, 540A, 540 2EZ, or Form 540NR (Long or Short).**

Name(s) as shown on return

DANA LEVY

SSN or ITIN

595-01-8971

**Caution:** If this form is filled out **do not** send your Form(s) W- 2 to the Franchise Tax Board. If your Form(s) W- 2 are from multiple states, **attach** copies showing California tax withheld to this schedule. If this schedule is blank, attach your Form(s) W- 2 to the lower front of your tax return.

**All fields must be completed. DO NOT ATTACH PAYMENT TO THIS SCHEDULE.**

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

W- 2 Information	1st W-2		2nd W-2	
a. Employee's social security number*	595-01-8971			
b. Employer identification number (EIN)				
c. Employer's Name	OAKTREE CAPITAL			
Address	333 S GRAND AVE 28TH FL			
City	LOS ANGELES			
State	CA			
ZIP Code	90071			
e. Employee's first, middle initial and last name*	DANA LEVY			
f. Address	912 N CROFT AVE			
City	LOS ANGELES			
State	CA			
ZIP code*	90069			
1. Wages, tips, other compensation	173,633.			
2. Federal income tax withheld	38,329.			
3. Social security wages	110,100.			
4. Social security tax withheld	4,624.			
6. Medicare tax withheld	2,526.			
7. Social security tips				
8. Allocated tips (not included in box 1)				
10. Dependent care benefits				
11. Nonqualified plans				
12. Codes and amounts	Codes	Amounts	Codes	Amounts
	C	274.		
	D	600.		
	DD	6,259.		
13. Check the appropriate box for:				
Statutory employee,	<input type="checkbox"/> Statutory employee		<input type="checkbox"/> Statutory employee	
Retirement plan, or	<input checked="" type="checkbox"/> Retirement plan		<input type="checkbox"/> Retirement plan	
Third-party sick pay	<input type="checkbox"/> Third-party sick pay		<input type="checkbox"/> Third-party sick pay	
14. SDI, VPDI, or CA SDI (from box 14 or 19)	Type	Amount	Type	Amount
	CASDI	956		
15. State and employer's State ID number	State	Employer's state ID number	State	Employer's state ID number
	CA	41207416		
16. State wages, tips, etc.	173,633.			
17. State income tax	14,537.			

2012

## California Adjustments - Residents

CA (540)

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

Name(s) as shown on tax return

SSN or ITIN

DANA LEVY

595-01-8971

**Part I Income Adjustment Schedule****Section A - Income**

		<b>A Federal Amounts</b> (taxable amounts from your federal tax return)	<b>B Subtractions</b> See instructions	<b>C Additions</b> See instructions
7	Wages, salaries, tips, etc. See instructions before making an entry in column B or C	173,633		
8	Taxable interest (b) _____	59		
9	Ordinary dividends. See instructions. (b) _____			
10	Taxable refunds, credits, offsets of state and local income taxes	1,243	1,243	
11	Alimony received.			
12	Business income or (loss)			
13	Capital gain or (loss). See instructions			
14	Other gains or (losses)			
15	IRA distributions. See instructions. (a) _____			
16	Pensions and annuities. See instructions. (a) _____			
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc.			
18	Farm income or (loss)			
19	Unemployment compensation			
20	Social security benefits (a) _____			
21	Other income.			
	a California lottery winnings		a	
	b Disaster loss carryover from FTB 3805V		b	
	c Federal NOL (Form 1040, line 21)		c	
	d NOL carryover from FTB 3805V		d	
	e NOL from FTB 3805D, 3805Z, 3806, 3807, or 3809		e	
	f Other (describe): _____		f	
22	<b>Total.</b> Combine line 7 through line 21 in column A. Add line 7 through line 21f in column B and column C. Go to Section B	174,935	1,243	

**Section B - Adjustments to Income**

23	Educator expenses			
24	Certain business expenses of reservists, performing artists, and fee-basis government officials			
25	Health savings account deduction			
26	Moving expenses			
27	Deductible part of self-employment tax			
28	Self-employed SEP, SIMPLE, and qualified plans			
29	Self-employed health insurance deduction			
30	Penalty on early withdrawal of savings			
31a	Alimony paid. (b) Recipient's: SSN _____			
	Last name _____			
32	IRA deduction			
33	Student loan interest deduction			
34	Tuition and fees			
35	Domestic production activities deduction			
36	Add line 23 through line 31a and line 32 through line 35 in columns A, B, and C. See instructions			
37	<b>Total.</b> Subtract line 36 from line 22 in columns A, B, and C. See instructions	174,935	1,243	

**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 . . . . . **\$169,730**  
Head of household . . . . . **\$254,599**  
Married/RDP filing jointly or qualifying widow(er) . . . . . **\$339,464**  
**No.** Transfer the amount on line 42 to line 43. \_\_\_\_\_ **43**   
**Yes.** Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 43 . . . . . **43**
- 44** **Enter the larger of the amount on line 43 or your standard deduction listed below**  
Single or married/RDP filing separately. . . . . **\$3,841**  
Married/RDP filing jointly, head of household, or qualifying widow(er) . . . . . **\$7,682**  
Transfer the amount on line 44 to Form 540, line 18 . . . . . **44**

**DO NOT  
FILE**