

For Privacy Notice, get form FTB 1131.

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FORM

California Resident Income Tax Return 2008

540 C1 Side 1

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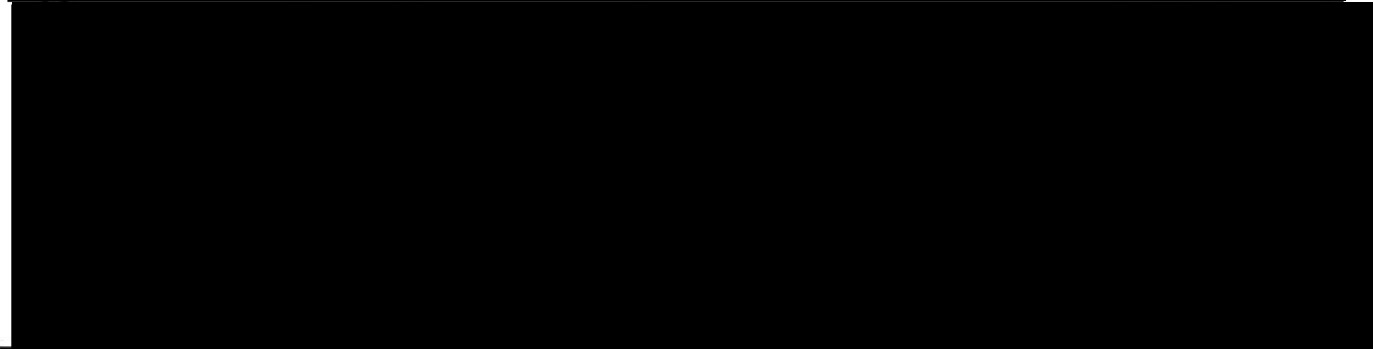
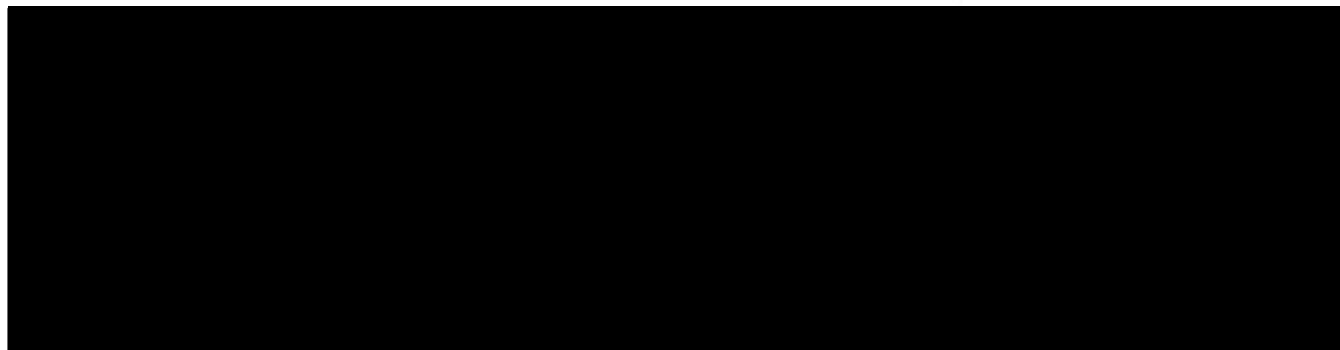
ATTACH FEDERAL RETURN

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MARK E ZUCKERBERG

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PALO ALTO CA 94302



Filing Status	1	<input checked="" type="checkbox"/> Single	4	<input type="checkbox"/> Head of household (with qualifying person). (see page 3)
	2	<input type="checkbox"/> Married/RDP filing jointly. (see page 3)	5	<input type="checkbox"/> Qualifying widow(er) with dependent child. Enter year spouse/RDP died. _____
	3	<input type="checkbox"/> Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here _____		
	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 9) ● 6		
Exemptions	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, see page 9 7		
	8	Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 8	X \$99 = \$	██████████
	9	Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 9	X \$99 = \$	██████████
	10	Dependents: Enter name and relationship. Do not include yourself or your spouse/RDP. _____ Total dependent exemptions 10	X \$309 = \$	██████████
	11	Exemption amount: Add line 7 through line 10. Transfer this amount to line 21 11		
Taxable Income	12	State wages from your Form(s) W-2, box 16 or CA Sch W-2 CG, line 3 12		
	13	Enter federal adjusted gross income from Form 1040, line 37; Form 1040A, line 21; Form 1040EZ, line 4 13		
	14	California adjustments - subtractions. Enter the amount from Schedule CA (540), line 37, column B 14		
	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses (see page 11) 15		
	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		
	18	Enter the larger of your CA standard deduction OR your CA itemized deductions 18		
19	Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0- 19			
Tax	20	Tax. Check box if from: <input type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input checked="" type="checkbox"/> FTB 3803 20		
	21	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$163,187 (see page 13) 21		
	22	Subtract line 21 from line 20. If less than zero, enter -0- 22		
	23	Tax. (see page 13) Check box if from: <input type="checkbox"/> Schedule G-1 <input checked="" type="checkbox"/> Form FTB 5870A 23		
24	Add line 22 and line 23. Continue to Side 2 24			

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Your name: **MARK E. ZUCKERBERG**

Your SSN or ITIN: [REDACTED]

Special Credits	25	Credit [REDACTED]	Code [REDACTED]	Amount [REDACTED]	▶	25	[REDACTED]	
	26	Credit [REDACTED]	Code [REDACTED]	Amount [REDACTED]	▶	26	[REDACTED]	
	27	To claim more than two credits (see page 14)				●	27	[REDACTED]
	28	Nonrefundable renter's credit (see page 14)				●	28	[REDACTED]
	29	Add line 25 through line 28. These are your total credits					29	[REDACTED]
	30	Subtract line 29 from line 24. If less than zero, enter -0-					30	[REDACTED]

Other Taxes	31	Alternative minimum tax. Attach Schedule P (540)				●	31	[REDACTED]
	32	Mental Health Services Tax (see page 15)				●	32	[REDACTED]
	33	Other taxes and credit recapture (see page 15)				●	33	[REDACTED]
	34	Add line 30, line 31, line 32, and line 33. This is your total tax				●	34	[REDACTED]

Payments	36	California income tax withheld (see page 15)				●	36	[REDACTED]
	37	2008 CA estimated tax and other payments (see page 15)				●	37	[REDACTED]
	38	Real estate withholding. (Form(s) 592-B, 593, and 594) (see page 15)				●	38	[REDACTED]
	39	Excess SDI (see page 15)				●	39	[REDACTED]
	40-43	Child and Dependent Care Expenses Credit (see page 16). Attach form FTB 3506				●	40-43	[REDACTED]
44	Add line 36, line 37, line 38, line 39, and line 43. These are your total payments (see page 16)					44	[REDACTED]	

Overpaid Tax/ Tax Due	45	Overpaid tax. If line 44 is more than line 34, subtract line 34 from line 44					45	[REDACTED]
	46	Amount of line 45 applied to 2009 estimated tax				●	46	[REDACTED]
	47	Overpaid tax available this year. Subtract line 46 from line 45				●	47	[REDACTED]
	48	Tax due. If line 44 is less than line 34, subtract line 44 from line 34					48	[REDACTED]
Use Tax	49	Use Tax. This is not a total line (see page 16)				●	49	[REDACTED]

Contributions	Code	Amount	Code	Amount			
					Code	Amount	
CA Seniors Special Fund. (see page 60)	▶ 400	[REDACTED]	CA Peace Officer Memorial Foundation Fund	▶ 408	[REDACTED]		
Alzheimer's Disease/Related Disorders Fund	▶ 401	[REDACTED]	CA Military Family Relief Fund	▶ 409	[REDACTED]		
CA Fund for Senior Citizens	▶ 402	[REDACTED]	CA Sea Otter Fund	▶ 410	[REDACTED]		
Rare and Endangered Species Preservation Program	▶ 403	[REDACTED]	CA Ovarian Cancer Research Fund	▶ 411	[REDACTED]		
State Children's Trust Fund for the Prevention of Child Abuse	▶ 404	[REDACTED]	Municipal Shelter Spay-Neuter Fund	▶ 412	[REDACTED]		
CA Breast Cancer Research Fund	▶ 405	[REDACTED]	Ca Cancer Research Fund	▶ 413	[REDACTED]		
CA Firefighters' Memorial Fund	▶ 406	[REDACTED]	ALS/Lou Gehrig's Disease Research Fund	▶ 414	[REDACTED]		
Emergency Food For Families Fund	▶ 407	[REDACTED]					
61	Add code 400 through code 414. These are your total contributions				●	61	[REDACTED]

Amount You Owe
62 AMOUNT YOU OWE. Add line 48, line 49, and line 61 (see page 17). Mail to:
FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0009 ● 62 [REDACTED]

Interest and Penalties	63	Interest, late return penalties, and late payment penalties		63	[REDACTED]
	64	Underpayment of estimated tax. Check box:	<input type="checkbox"/> FTB 5805 attached <input type="checkbox"/> FTB 5805F attached	64	[REDACTED]
	65	Total amount due (see page 18). Enclose, but do not staple, any payment		65	[REDACTED]

66 REFUND OR NO AMOUNT DUE. Subtract line 49 and line 61 from line 47 (see page 18). Mail to:
FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0009 ● 66 [REDACTED]

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 page 18).
 Have you verified the routing and account numbers? **Use whole dollars only.**

All or the following amount of my refund (line 66) is authorized for direct deposit into the account shown below:

[REDACTED]	Checking	[REDACTED]	Savings	[REDACTED]	[REDACTED]
● Routing number		● Type		● Account number	● 67 Direct deposit amount

The remaining amount of my refund (line 66) is authorized for direct deposit into the account shown below:

[REDACTED]	Checking	[REDACTED]	Savings	[REDACTED]	[REDACTED]
● Routing number		● Type		● Account number	● 68 Direct deposit amount

Sign Here **IMPORTANT:** See the instructions to find out if you should attach a copy of your complete federal return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

▶ Your signature _____ Spouse's/RDP's signature (if a joint return, both must sign) _____
 Daytime phone number (optional) _____ Date _____

It is unlawful to forge a spouse's/RDP's signature.
 Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) [REDACTED] 10/5/09

Joint return? (see page 19) Yes No
 Firm's name (or yours, if self-employed) [REDACTED] Firm's address [REDACTED] PALO ALTO CA 94301

Do you want to allow another person to discuss this return with us (see page 19)? Yes No

PREPARER [REDACTED] Telephone Number 650-[REDACTED]