# 540NR

Nonresident Part-Year Resident Step by Step Example

## **SCENARIO**

### Sandy Eggo

Citizen of Pandora Arrived in California on 7/1/2017 Spent the remainder of 2017 in CA Filing a 1040NR tax return for 2017 Single

Sandy has the following income for 2017:

#### Wages earned in California

\$50,000

\$30,000 paid from California Institution \$20,000 paid from Pandoran employer

(\$5,000 of the above is exempt on 1040NR from tax treaty)

Wages earned in Pandora before 7/1/2017 \$8,000 Interest Income \$500



California Nonresident or Part-Year TAXABLE YEAR FORM Resident Income Tax Return 2017 540NR Long Form Fiscal year filers only: Enter month of year end: month year 2018. Check here if this is an AMENDED return. Your first name Your SSN or ITIN Last name Suffix **EGGO SANDY** 123 45 6789 If joint tax return, spouse's/RDP's first name Suffix Spouse's/RDP's SSN or ITIN Last name Additional information (See instructions) PBA code Street address (number and street) or PO box Apt. no./ste. no. PMB/private mailbox City (If you have a foreign address, see instructions) ZIP code State Foreign country name Foreign province/state/county Foreign postal code Your DOB (mm/dd/yww) Spouse's/RDP's DOB (mm/dd/ywyy) If you filed your 2016 tax return under a different last name, write the last name only from the 2016 tax return. Your prior name Spouse's/RDP's prior name Single 4 Head of household (with qualifying person). See instructions. 2 Married/RDP filing jointly. See inst. 5 Qualifying widow(er) with dependent child. Enter year spouse/RDP died. 3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here. ► 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, 8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; 9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. • 9 10 Dependents: Do not include yourself or your spouse/RDP. Dependent 1 Dependent 2 Dependent 3 First Name (0) **(** Last Name SSN • • Dependent's relationship 0 X \$353 = • \$ Total dependent exemptions S 

Taxable Income

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

TAXABLE YEAR. California Nonresident or Part-Year Resident Income Tax Return 2017 540NR Long Form Fiscal year filers only: Enter month of year end: month year 2018. Check here if this is an AMENDED return. Your SSN or ITIN SANDY 123 45 6789 **EGGO** If joint tax return, spouse's/RDP's first name Suffix Spouse's/RDP's SSN or ITIN Initial Last name Additional information (See instructions) PBA code Street address (number and street) or PO box Apt. no./ste. no. PMB/private mailbox 1122 OCEAN DRIVE City (If you have a foreign address, see instructions) ZIP code 92108 SAN DIEGO Foreign country name Foreign province/state/county Foreign postal code ▼ pouse's/RDP's DOB (mm/dd/yyyy) Your DOB (mm/dd/yyw) \_ If you flied your 2016 tax return under a different last name, write the last name only from the 2016 tax return. Your prior name Spouse's/RDP's prior name 1 Single 4 Head of household (with qualifying person). See instructions. 2 Married/RDP filing jointly. See inst. 5 Qualifying widow(er) with dependent child. Enter year spouse/RIDP died 3 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 ...... ► 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, 8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; 9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. • 9 10 Dependents: Do not include yourself or your spouse/RDP. Dependent 1 Dependent 2 Dependent 3 First Name ( ( Last Name SSN . . Dependent's relationship **(** to you 10 X \$353= @\$ Total dependent exemptions. 00

18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), line 44: 0R

Your California standard deduction. See instructions

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2017 California Nonresident or Part-Year Resident Income Tax Return

Long Form

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2017 California Nonresident or Part-Year Resident Income Tax Return

Long Form

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2017 California Nonresident or Part-Year Resident Income Tax Return

Long Form

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	ou have a foreign address, see instru	uctions)		State	ZIP code		- 61
	AN DIEGO		Foreign province/state/county	CA	92108	reign postal code	
			, , , , , , , , , , , , , , , , , , , ,			and the second	
No.	Your prior name  ✓ Single  ✓ Married/RDP filing jointly.  ✓ Married/RDP filing separa	See inst. tely. Enter spouse's/RD	Spouse's/RDP's prior     Spouse's/RDP's prior     Head of household (with	r name qualifying persor h dependent child name here	i). See instr I. Enter year		
6	If someone can claim you (or	your spouse/RDP) as a	dependent, check the box here	. See inst	• 6		
7 8 9	r line 7, line 8, line 9, and line 10.  Personal: If you checked box enter 2. If you checked the bo Blind: If you (or your spouse/ if both are visually impaired, e Senior: If you (or your spouse)	1, 3, or 4 above, enter x on line 6, see instruct RDP) are visually impa enter 2 a/RDP) are 65 or older,	1 in the box. If you checked box tions. ired, enter 1; enter 1; if both are 65 or older,	x 2 or 5, 		4 = •\$ 114 4 = •\$	only
g 10	Dependents: Do not Include yo					D	
E	First Name	pendent 1	Dependent 2			Dependent 3	
Ö	riist Naille		(e)	(			

First Name ( Last Name ( SSN Dependent's relationship 0 0 to you X \$353= •\$ Total dependent exemptions . .

●\$

12 Total California wages from your Form(s) W-2, box 16 ..... 00

13 Enter federal AGI from Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10 ..... 14 California adjustments - subtractions. Enter the amount from Schedule CA (540NR), line 37, column B . . . .

Total Taxable Income

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

16 California adjustments – additions. Enter the amount from Schedule CA (540NR), line 37, column C. 17 Adjusted gross income from all sources. Combine line 15 and line 16.....

00 18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), line 44: OR Your California standard deduction. See instructions 00

19 Subtract line 18 from line 17. This is your total taxable income. If less than zero, enter -0-..... 00

114

00

00 00

00

## **Next:**

We need to fill out Schedule CA(540NR) before we can continue

See Handout Schedule CA (540NR)



## **SCENARIO**

### <u>Sandy Eggo</u>

Citizen of Pandora Arrived in California on 7/1/2017 Spent the remainder of 2017 in CA Filing a 1040NR tax return for 2017 Filing Status - Single

Sandy has the following income for 2017:

### Wages earned in California

\$50,000

\$30,000 paid from California Institution \$20,000 paid from Pandoran employer

Wages earned in Pandora before 7/1 \$8,000 Interest Income \$500





TAXABLE YEAR

2017

California Adjustments — Nonresidents or Part-Year Residents

SCHEDULE

**CA (540NR)** 

Important: Attach this schedule behind Lon	g Form 540NR, Si	de 4 as a supporti	ing California sched	ule.	
Name(s) as shown on tax return				SSN or IT	
SANDY EGGO	**************************************		V4 14 2119 14 W11	123	456789
Part I Residency Information. Complete all line	es that apply to you a	nd your spouse/RDP	for taxable year 2017.		
During 2017:					
1 My California (CA) Residency (Check one)					
a Myself: O Nonresident O V Part-Year F	Resident 🖲 Reside	ent <b>b</b> Spou	se: 💽 Nonresiden	t OPart-Year Re	sident (🛡 Resident
			Yourself		Spouse/RDP
2 a I was domiciled in (enter two letter code, see I				👳	
b I was in the military and stationed in (enter two					
3 I became a CA resident (enter state of prior resid					//
4 I became a CA nonresident (enter new state of re					
5 I was a CA nonresident the entire year (enter stall 6 The number of days I spent in CA for any purpos				<u> </u>	
<ul> <li>I owned a home/property In CA (enter Y for Yes,</li> </ul>					1.00
8 Before 2017: I was a CA resident for the period of					V
beine 2017. I was a CN lesident for the period			· / /	- o	
Part II Income Adjustment Schedule	A	В	C	D	I E
Section A — Income	Federal Amounts	Subtractions	Additions	Total Amounts	CA Amounts
Section A — Income	(taxable amounts from	See instructions	See instructions	Using CA Law	(income earned or
	your federal tax return)	(difference between CA & federal law)	(difference between CA & federal law)	As If You Were a CA Resident	received as a CA resident and income
				(subtract col. B from col. A; add col. C	from CA sources
				to the result)	as a nonresident)
7 Wages, salaries, tips, etc. See instructions	_	0	0	0	0
before making an entry in col. B or C7	<u> </u>	<u> </u>	0	<b>⊙</b>	<u> </u>
8 Taxable Interest. (b)	•	<b>⊙</b>	<b>O</b>	<b>⊙</b>	<b>⊙</b>
9 Ordinary dividends. See Instructions. (b)	•	•	•	•	•
10 Taxable refunds, credits, or offsets of state					
and local income taxes	<b>O</b>	<b>⊙</b>			
11 Alimony received. See Instructions11	•		•		•
12 Business Income or (loss)	<ul><li>•</li></ul>		•		•
13 Capital gain or (loss). See Instructions 13	•	•	•	•	•
14 Other gains or (losses)	<ul><li>•</li></ul>	<ul><li></li></ul>	0	<ul><li></li></ul>	<ul><li>•</li></ul>
15 IRA distributions. See instructions.	ğ -	Ž .		Ž.	
(a) (a) (b)	<b>⊙</b>	<b>●</b>	•	⊙	⊙
16 Pensions and annuities. See instructions. (a) (a) (b) 16(b)	•	•	•	•	•
<ol> <li>Rental real estate, royalties, partnerships,</li> </ol>					
S corporations, trusts, etc	<b>⊙</b>	<b>⊙</b>	•	<b>⊙</b>	<b>⊙</b>
18 Farm Income or (loss)	●	●	•		•
19 Unemployment compensation 19		●			
20 Social security benefits. (a) (a) 20(b)	•	•			
21 Other Income.	130	1000			3
a California lottery winnings		<sup>′</sup> a <u> </u>	а		
b Disaster loss deduction from FTB 3805V		D ( )	b		
		•			
c Federal NOL (Form 1040, line 21)	{		c <u>•</u>		
d NOL deduction from FTB 3805V 21	●	d <u> </u>	d	21 💿	21 💿
<ul> <li>NOL from FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809</li> </ul>		e <b>(</b>	e		
f Other (describe):	, ·	1 (6)	1 💿	:	
Culti (utdollub).		. <u> </u>	· <u>~</u>		
22 a Total: Combine line 7 through line 21			0		0
In each column. Continue to Side 2 22a	•	⊚	●	<b>⊚</b>	<b>⊙</b>

# California Adjustments — Nonresidents or Part-Year Residents

SCHEDULE

**CA (540NR)** 

Important: Attach this schedule behind Lon	g Form 540NR, Si	de 4 as a support	ing California sched	ule.	onesas S
Name(s) as shown on tax return	and published the second stage for the second		AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	SSN or I	
SANDY EGGO	4-4-4-4-4-4				456789
Part I Residency Information. Complete all line	es that apply to you a	nd your spouse/RDP	for taxable year 2017		
During 2017:					
1 My California (CA) Residency (Check one) a Myself:  Nonresident  Part-Year F	Davidson Davids	b C	Managaridan	Dort Vess De	sident 💿 Resident
a Myseir:  Nonresident   Part-fear F	resident 🕒 Heside	ent o spou		rant-rear Re	
9 a Lune domining in /order han letter ender see in	netruetione)		Yourself	FC	Spouse/RDP
2 a I was domiciled in (enter two letter code, see I b I was in the military and stationed in (enter two				<b>O</b>	
I became a CA resident (enter state of prior resident)	lonco and dato /mm/de	d/Anna/) of move)	FC 07 01	2017	1 1
I became a CA nonresident (enter new state of re-      I became a CA nonresident (enter new state of re-	esidence and date (mm	h/dd/www) of move)	()	•	1 1
5 I was a CA nonresident the entire year (enter star					
6 The number of days I spent in CA for any purpos				184 0	1
7 I owned a home/property In CA (enter Y for Yes,				N O	
8 Before 2017: I was a CA resident for the period	of		●//		/
			<b>●</b> //	<b>_</b> /	
Part II Income Adjustment Schedule	A	В	C	D	E
Section A — Income	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
7 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C7	•	•	•	•	•
	<u>•</u>	<ul><li></li></ul>	0	<u>•</u>	•
9 Ordinary dividends. See Instructions.					
(b) (b) (a)	<b>⊙</b>	•	<b>⊙</b>	<b>⊙</b>	•
10 Taxable refunds, credits, or offsets of state and local income taxes	•	•			
11 Alimony received. See Instructions	<u> </u>	9	•	•	•
12 Business Income or (loss)	<u>•</u>	<ul><li>•</li></ul>	0	<u>•</u>	<u> </u>
	<u> </u>	<u> </u>	+*	_	_
13 Capital gain or (loss). See instructions 13			0	<b>⊙</b>	<u>•</u>
14 Other gains or (losses)	•	⊚	•	⊙	•
(a) (a) (a) (a) (a) (b) (a) (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	•	•	•	•	•
16 Pensions and annuities. See instructions.					
(a)   (a)   16(b)   17 Rental real estate, royalties, partnerships,	•	<u> </u>	•	<b>⊙</b>	•
S corporations, trusts, etc	<ul><li>•</li></ul>	•	•	•	•
18 Farm Income or (loss)	$\circ$	<u></u>	<u>•</u>	o	<u></u>
19 Unemployment compensation	<u></u>	<u></u>		×	
20 Social security benefits. (a) (a) 20(b)	7.00	•			
21 Other Income.					
a California lottery winnings		<sup>′</sup> a <u> </u>	а		1
b Disaster loss deduction from FTB 3805V			b		1
		b <u>•</u>	-	9	1
e Federal NOL (Form 1040, line 21)	{	c	€ ( •		
d NOL deduction from FTB 3805V 21	●	d <u> </u>	d	21 💽	21 💽
<ul> <li>NOL from FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809</li> </ul>		e <u>©</u>	e	6	
f Other (describe):		1 💿	1 💿	6	
22 a Total: Combine line 7 through line 21 In each column. Continue to Side 2 22a	•	•	•	•	•
	9000	107	1977	225 SE.	2000

# **SCENARIO**

### Sandy Eggo

Citizen of Pandora Arrived in California on 7/1/2017 Spent the remainder of 2017 in CA Filing a 1040NR tax return for 2017 Single

Sandy has the following income for 2017:

Wages earned in California \$50,000 \$30,000 paid from California Institution \$20,000 paid from Pandoran employer

\$5,000 of the above is exempt on 1040NR from tax treaty \$20,000 paid from Pandoran employer is not taxable by IRS

Wages earned in Pandora before 7/1/2017 \$8,000 Interest Income \$500



# California Adjustments — Nonresidents or Part-Year Residents

SCHEDULE

**CA (540NR)** 

Important: Attach this schedule behind Long	g Form 540NR, Si	de 4 as a supporti	ng California sched	dule.	v
Name(s) as shown on tax return			AND DESCRIPTION OF THE PROPERTY.	SSN or IT	
SANDY EGGO	4 - 4 - 4 - 4 - 4 - 4 -	and the state of the state of	404 414 4		456789
Part I Residency Information. Complete all line	s that apply to you a	nd your spouse/RDP	for taxable year 2017		
During 2017:					
Reported for IRS \$2	5,000	b Spou	se: Nonresiden	23.55	sident  Resident
California wages \$5 Pandoran wages \$	0,000 8,000		Yourself  O  OFC 07 01	FC O	Spouse/HDF
	58,000	f move) .	•	184 O N O	
8 8			8//		
Part II Income Adjustment Schedule	A	В	C	D	E
Section A — Income	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
7 Wages, salaries, tips, etc. See Instructions before making an entry in col. B or C 7	<b>25,000</b>	•	<b>33,000</b>	<b>58,000</b>	<b>50,000</b>
	<b>O</b>	<ul><li></li></ul>	<b>o</b>	<ul><li>•</li></ul>	<ul><li>•</li></ul>
9 Ordinary dividends. See Instructions. (b)   (b)   (c)   (d)	•	•	•	•	•
10 Taxable refunds, credits, or offsets of state					
and local income taxes	<u> </u>	<u> </u>			
11 Alimony received. See instructions11	<u> </u>		<u> </u>	<u>•</u>	<u>•</u>
12 Business Income or (loss)	<u> </u>	<u>•</u>	<u> </u>	<u>•</u>	<u> </u>
13 Capital gain or (loss). See Instructions 13	<u> </u>	<u>•</u>	<u>•</u>	<u>•</u>	<u>•</u>
14 Other gains or (losses)	•	⊚	•	•	•
(a) 💿	<b>⊙</b>	•	•	⊙	<b>⊙</b>
16 Pensions and annuities. See instructions.  (a) (a) (a) (a) (a) (b) (a) (b) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	<u>•</u>	<b>⊙</b>	•	<b>©</b>	•
The same of the sa	•	<b>⊙</b>	•	•	•
	•		<ul><li></li></ul>	<ul><li></li></ul>	<ul><li></li></ul>
	•			200	
20 Social security benefits. (a) (a) 20(b)	<ul><li>•</li></ul>	•			
21 Other Income.	327	42.00			
a California lottery winnings	(	a <u> </u>	3		
b Disaster loss deduction from FTB 3805V		b (i)	b		
c Federal NOL (Form 1040, line 21)	)	c	c 💿	i.	
d NOL deduction from FTB 3805V 21	$\circ$	d <b>()</b>	d	21 💿	21 💿
<ul> <li>NOL from FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809</li> </ul>		0 <u>0</u>	0		
f Other (describe):		1 💿	1 💿		
22 a Total: Combine line 7 through line 21 In each column. Continue to Side 2 22a	•	•	•	•	•

## **SCENARIO**

### Sandy Eggo

Citizen of Pandora Arrived in California on 7/1/2017 Spent the remainder of 2017 in CA Filing a 1040NR tax return for 2017 Single

Sandy has the following income for 2017:

Wages earned in California \$50,000

\$30,000 paid from California Institution \$20,000 paid from Pandoran employer

\$5,000 of the above is exempt on 1040NR from tax treaty \$20,000 paid from Pandoran employer is not taxable by IRS

Wages earned in Pandora before 7/1/2017 \$8,000 Interest Income \$500





California Adjustments —
Nonresidents or Part-Year Residents

SCHEDULE

**CA (540NR)** 

Important: Attach this schedule behind Lor	ng Form	540NR, Si	de 4 as	a supporti	ng Ca	lifornia sche	dule.	became an area	V 100	3
Name(s) as shown on tax return	of purchases	Constitution of the Consti		TO SHE SO BOOK IN SEC.	11/2/2010	Annahir en ingene	W 40.15	SSN or IT		
SANDY EGGO			-14-6-					123	45	6789
Part I Residency Information. Complete all lin	es that ap	ply to you a	nd your s	pouse/RDP	for taxa	ible year 2017	0	•		
During 2017:										
<ol> <li>My California (CA) Residency (Check one)</li> </ol>							-			
a Myself: O Nonresident O V Part-Year I	Resident (	Resid	ent	b Spous	se: 🖭.	Nonresiden	t 🖭	Part-Year Res	ident	<ul><li>Resident</li></ul>
						Yourself			Spou	ISB/RDP
2 a I was domiciled in (enter two letter code, see)							I	<u>C</u> •		
b I was in the military and stationed in (enter tw	o letter co	de)			•			•		
3 I became a CA resident (enter state of prior resident						07 01	201			//
4 I became a CA nonresident (enter new state of remaining the control of the c					and the same of th				100	11
5 I was a CA nonresident the entire year (enter sta					•		-	•		
6 The number of days I spent in CA for any purpor							18			
7 I owned a home/property In CA (enter Y for Yes,								N @		0.40
8 Before 2017: I was a CA resident for the period	of	*****			<u></u> _		-	<u>/</u>		_
	-	100			<b>●</b>			<b>O</b> /_	<u></u> /	
Part II Income Adjustment Schedule		A	1.000	В		С	1 2	D	_	E
Section A — Income		Amounts mounts from		tractions estructions		Additions e instructions		otal Amounts Ising CA Law		CA Amounts come earned or
		ral tax return)	(differen	nce between	(diffe	rence between	A	If You Were a	re	ceived as a CA
			GAA	ederal law)	CA	& federal law)		CA Resident stract col. B from		rned or received
								ol. A; add col. C		om CA sources
7 Wages, salaries, tips, etc. See instructions	1							to the result)	a:	a nonresident)
before making an entry in col. B or C7	•	25,000	•		•	33,000	•	58,000	•	50,000
8 Taxable Interest. (b)	<ul><li>O</li></ul>	0	•		•	500	•	500	•	250
9 Ordinary dividends. See Instructions.								1		250
(b)   (b)   (c) 9(a)   10 Taxable refunds, credits, or offsets of state	<ul><li>•</li></ul>		●		•		0		•	
and local income taxes	•		•		li.		$V_{i}$			
11 Alimony received. See instructions	<u></u>		_		•				•	
			0		0		8		-	
12 Business Income or (loss)	<u>•</u>			Int	eres	t ic			<ul><li>•</li></ul>	
13 Capital gain or (loss). See Instructions 13	<b>⊙</b>		•		angil				•	
14 Other gains or (losses)	⊚		•			d/taxabl	_		•	
15 IRA distributions. See instructions. (a) (a) 15(b)			•			place of			0	
16 Pensions and annuities. See instructions.			•		iden					
(a) (a) (a)	(O)		•	163	iueii	Cy			0	
17 Rental real estate, royalties, partnerships,			•		0		•		<b>(</b>	
S corporations, trusts, etc	<u>•</u>	-	~		<u>•</u>		_		$\sim$	
18 Farm Income or (loss)	<u> </u>		●		•		•		•	
19 Unemployment compensation	<b>⊙</b>		●				1			
20 Social security benefits. (a)  20(b)	(●		•				1			
21 Other Income.	10.527		100.05				1			
a California lottery winnings			a 💿		а				l	
b Disaster loss deduction from FTB 3805V			17,000		b				l	
			D 💿		-				l	
c Federal NOL (Form 1040, line 21)		{	c		c <u>•</u>					
d NOL deduction from FTB 3805V 21	⊚		<b>1</b> ①		d		21(	)	21 (	•
<ul> <li>NOL from FTB 3805Z, FTB 3806, FTB 3807, or</li> </ul>	r		00		0					
FTB 3809			( O		9_	1			l	
f Other (describe):			1 💿		1 💿		9			
22 a Total: Combine line 7 through line 21	\$8.		8				9		3/2	
In each column. Continue to Side 2 22a	•	25,000	•		•	33,500	•	58,500	<ul><li></li></ul>	50,250
	Test Air		OF CALL		1977		095 Yr			- 0

Income Adjustment Schedule	A	В	C	D	E
Section B — Adjustments to Income	Federal Amounts (taxable amounts from your federal tax return)		Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
22 b Enter totals from Side 1, line 22a, col. A through col. E	<b>25,000</b>	<ul><li>0</li></ul>	<b>33,500</b>	<b>58,500</b>	<b>50,250</b>
23 Educator expenses	<ul><li>•</li><li>•</li></ul>	<ul><li>•</li><li>•</li></ul>	•	•	•
25 Health savings account deduction 25	<ul><li>•</li></ul>	<ul><li>•</li></ul>			
26 Moving expenses	<ul><li>•</li></ul>			•	•
27 Deductible part of self-employment tax 27 28 Self-employed SEP, SIMPLE, and	•			•	•
qualified plans	<u>•</u>			<u> </u>	<u> </u>
29 Self-employed health insurance deduction 29	<u>•</u>			<u>•</u>	<u> </u>
31aAlimony paid. b Enter recipient's:	•		_	•	•
Last name (•)	<u> </u>		•	<b>⊙</b>	<u>•</u>
32 IRA deduction	<u>•</u>			<b>O</b>	<b>⊙</b>
33 Student loan interest deduction	<b>O</b>		•	•	•
34 Tuition and fees	<u> </u>	<b>⊙</b>			
35 Domestic production activities deduction . 35	<b>●</b>	<b>⊙</b>			
36 Add line 23 through line 35 in each column, A through E	<ul><li>•</li></ul>	•	•	<ul><li>•</li></ul>	•
37 Total. Subtract line 36 from line 22b in each column, A through E. See instructions 37	<ul><li>25,000</li></ul>	<ul><li>0</li></ul>	<ul><li>33,500</li></ul>	<ul><li>58,500</li></ul>	<ul><li>50,250</li></ul>
Part III Adjustments to Federal Itemized Dedu					
38 Federal Itemized Deductions. Enter the amoun (or Schedule A (Form 1040NR), lines 1, 5, 6, 13					
39 Enter total of federal Schedule A (Form 1040), I					
or General Sales Tax), and line 8 (foreign taxes				39	
40 Subtract line 39 from line 38					
41 Other adjustments including California lottery lo		A. C.			
42 Combine line 40 and line 41					
Single or married/RDP filing separate					
Head of household					
Married/RDP filing jointly or qualifying	g widow(er)	\$364,9	23		
No. Transfer the amount on line 42 to line 43.			MD: "- 40	0	
Yes. Complete the Itemized Deductions Worksh 44 Enter the larger of the amount on line 43 or yo					
<u> </u>	ur standard deductio	n. See instructions		44	
Part IV California Taxable Income  45 California AGI. Enter your California AGI from I	ins 97 column F			A 45	
45 California AGI. Enter your California AGI from I 46 Enter your deductions from line 44					
47 Deduction Percentage. Divide line 37, column					
to four places. If the result is greater than 1.00	00, enter 1.0000. If les	ss than zero, enter -0-	• 47_	·	
48 California Itemized/Standard Deductions. Mul					
49 California Taxable Income. Subtract line 48 fro					
zero, enter -0	*************			• 49	

55555	a Employee's social security number			
6666	123-45-6789	OMB No. 154	15-0008	
<b>b</b> Employer identification number	Toronto Const		1 Wages, tips, other compensation 25,000	2 Federal income tax withheld
c Employer's name, address, and	ZIP code		3 Social security wages	4 Social security tax withheld
	ch Institute		5 Medicare wages and tips	6 Medicare tax withheld
La Jolia	, CA 92037		7 Social security tips	8 Allocated tips
d Control number			9 Advance EIC payment	10 Dependent care benefits
e Employee's first name and initia	al Last name	Suff.	11 Nonqualified plans	12a
Sandy E	iggo		13 Statutory Retirement Third-party employee plan sick pay	12b
1122 0	cean Drive		14 Other	12c
San Dio	go, CA 92108			C O d
San Die	go, CA 72100			12d
f Employee's address and ZIP co	ode			
15 State   Employer's state   D nun   CA   123-45-6		17 state incon <b>2,4</b>		19 Local income tax 20 Locality name
			_	

Wage and Tax Copy 1-For State, City, or Local Tax Department

2017

Department of the Treasury-Internal Revenue Service

During 2017, Sandy donated

\$75 to The Puppy Program.

#### **Total Itemized Deductions:**

\$2,446 State Income Tax

Charitable Donation

\$2,521 **Total** 















Continu D Adjustments to Income	A	В	С	D	E
Section B — Adjustments to income	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
22 b Enter totals from Side 1, line 22a, col. A through col. E	<b>25,000</b>	<b>⊙</b> 0	<b>33,500</b>	<b>58,500</b>	<b>o</b> 50,250
23 Educator expenses	●	<b>⊙</b>		8	10
24 Certain business expenses of reservists,					
performing artists, and fee-basis government officials		<b>⊚</b>	•	•	•
25 Health savings account deduction 25	<u> </u>	<u> </u>			- T
26 Moving expenses	<u> </u>			0	•
27 Deductible part of self-employment tax 27	©			0	<u> </u>
28 Self-employed SEP, SIMPLE, and	•			•	•
qualified plans 28	<b>⊙</b>			•	<b>⊙</b>
29 Seif-employed health insurance deduction 29	•			•	<b>⊙</b>
30 Penalty on early withdrawal of savings30	•			<ul><li>•</li></ul>	<ul><li>•</li></ul>
31aAlimony paid. b Enter recipient's:	No.			,	
SSN (	0			•	•
	<u> </u>		<u> </u>		
32 IRA deduction	<u> </u>	-		<u> </u>	<b>⊙</b>
33 Student loan Interest deduction	<b>⊙</b>		•	•	<b>O</b>
34 Reserved					
35 Domestic production activities deduction . 35	<ul><li>•</li></ul>	•		8	15
36 Add line 23 through line 35 in each column, A through E	•	•	•	•	•
37 Total. Subtract line 36 from line 22b in each	<ul><li>25,000</li></ul>		<b>33,500</b>	<ul><li>58,500</li></ul>	<ul><li>50,250</li></ul>
column, A through E. See Instructions 37	45.000		140		
Part III Adjustments to Federal Itemized Dedu	ctions	1	es 4, 9, 15, 19, 20, 27,	and 28	
Part III Adjustments to Federal Itemized Dedu 38 Federal Itemized Deductions. Enter the amoun (or Schedule A (Form 1040NR), lines 1, 5, 6, 13	ctions It from federal Schedu 3, and 14)	le A (Form 1040), line	<del></del>		2,521
Part III Adjustments to Federal Itemized Dedu 38 Federal Itemized Deductions. Enter the amoun (or Schedule A (Form 1040NR), lines 1, 5, 6, 13 39 Enter total of federal Schedule A (Form 1040), I	ctions t from federal Schedu 3, and 14) Ine 5 (State Disability	le A (Form 1040), line	and local Income tax,	38	
Part III Adjustments to Federal Itemized Dedu 38 Federal Itemized Deductions. Enter the amoun (or Schedule A (Form 1040NR), lines 1, 5, 6, 13 39 Enter total of federal Schedule A (Form 1040), I or General Sales Tax), and line 8 (foreign taxes	ctions It from federal Schedu 3, and 14) Ine 5 (State Disability only) (or Schedule A (	le A (Form 1040), line insurance, and state a Form 1040NR), line 1	and local Income tax, ). See Instructions		
Part III Adjustments to Federal Itemized Dedu 38 Federal Itemized Deductions. Enter the amoun (or Schedule A (Form 1040NR), lines 1, 5, 6, 13 39 Enter total of federal Schedule A (Form 1040), I or General Sales Tax), and line 8 (foreign taxes 40 Subtract line 39 from line 38	ctions It from federal Schedu 3, and 14) Ine 5 (State Disability only) (or Schedule A (	le A (Form 1040), line insurance, and state a Form 1040NR), line 1	and local Income tax, ). See Instructions		
Part III Adjustments to Federal Itemized Dedu 38 Federal Itemized Deductions. Enter the amoun (or Schedule A (Form 1040NR), lines 1, 5, 6, 13 39 Enter total of federal Schedule A (Form 1040), I or General Sales Tax), and line 8 (foreign taxes 40 Subtract line 39 from line 38	ctions It from federal Schedu B, and 14) Ine 5 (State Disability only) (or Schedule A (	le A (Form 1040), line insurance, and state a Form 1040NR), line 1	and local Income tax, ). See Instructions	38 39 40	
Part III Adjustments to Federal Itemized Dedu 38 Federal Itemized Deductions. Enter the amoun (or Schedule A (Form 1040NR), lines 1, 5, 6, 13 39 Enter total of federal Schedule A (Form 1040), I or General Sales Tax), and line 8 (foreign taxes 40 Subtract line 39 from line 38 41 Other adjustments including California lottery ic 42 Combine line 40 and line 41.	ctions it from federal Schedu 3, and 14) ine 5 (State Disability only) (or Schedule A (	le A (Form 1040), line insurance, and state a Form 1040NR), line 1	and local income tax, ). See instructions		
Part III Adjustments to Federal Itemized Dedu 38 Federal Itemized Deductions. Enter the amoun (or Schedule A (Form 1040NR), lines 1, 5, 6, 13 39 Enter total of federal Schedule A (Form 1040), I or General Sales Tax), and line 8 (foreign taxes 40 Subtract line 39 from line 38	ctions It from federal Schedu B, and 14) Ine 5 (State Disability only) (or Schedule A ( Disses. See Instructions B) more than the amo	le A (Form 1040), line insurance, and state a Form 1040NR), line 1 s. Specify	and local income tax, ). See instructions	38 39 40	
Part III Adjustments to Federal Itemized Dedu 38 Federal Itemized Deductions. Enter the amoun (or Schedule A (Form 1040NR), lines 1, 5, 6, 13 39 Enter total of federal Schedule A (Form 1040), I or General Sales Tax), and line 8 (foreign taxes 40 Subtract line 39 from line 38. 41 Other adjustments including California lottery ic 42 Combine line 40 and line 41. 43 Is your federal AGI (Long Form 540NR, line 13 Single or married/RDP filing separate Head of household.	ctions It from federal Schedu B, and 14) Ine 5 (State Disability only) (or Schedule A ( Disses. See Instructions B) more than the amounty	le A (Form 1040), line insurance, and state a Form 1040NR), line 1 s. Specify unt shown below for \$187,2	and local income tax, ). See instructions  your filing status? 03	38 39 40	
Part III Adjustments to Federal Itemized Dedu 38 Federal Itemized Deductions. Enter the amoun (or Schedule A (Form 1040NR), lines 1, 5, 6, 13 39 Enter total of federal Schedule A (Form 1040), I or General Sales Tax), and line 8 (foreign taxes 40 Subtract line 39 from line 38. 41 Other adjustments including California lottery ic 42 Combine line 40 and line 41. 43 Is your federal AGI (Long Form 540NR, line 13 Single or married/RDP filing separate Head of household.  Married/RDP filing jointly or qualifying	ctions It from federal Schedu B, and 14) Ine 5 (State Disability only) (or Schedule A ( Disses. See Instructions B) more than the amounty	le A (Form 1040), line insurance, and state a Form 1040NR), line 1 s. Specify unt shown below for \$187,2	and local income tax, ). See instructions  your filing status? 03	38 39 40	
Part III Adjustments to Federal Itemized Dedu 38 Federal Itemized Deductions. Enter the amoun (or Schedule A (Form 1040NR), lines 1, 5, 6, 13 39 Enter total of federal Schedule A (Form 1040), I or General Sales Tax), and line 8 (foreign taxes 40 Subtract line 39 from line 38 41 Other adjustments including California lottery ic 42 Combine line 40 and line 41. 43 Is your federal AGI (Long Form 540NR, line 13 Single or married/RDP filing separate Head of household Married/RDP filing jointly or qualifying No. Transfer the amount on line 42 to line 43.	ctions it from federal Schedu 3, and 14) ine 5 (State Disability only) (or Schedule A ( osses. See Instructions b) more than the amount g widow(er)	le A (Form 1040), line insurance, and state a Form 1040NR), line 1 s. Specify unt shown below for \$187,2 \$280,8	your filing status?	39	
Part III Adjustments to Federal Itemized Dedu 38 Federal Itemized Deductions. Enter the amoun (or Schedule A (Form 1040NR), lines 1, 5, 6, 13 39 Enter total of federal Schedule A (Form 1040), I or General Sales Tax), and line 8 (foreign taxes 40 Subtract line 39 from line 38 41 Other adjustments including California lottery to 42 Combine line 40 and line 41. 43 Is your federal AGI (Long Form 540NR, line 13 Single or married/RDP filling separate Head of household.  Married/RDP filling jointly or qualifying No. Transfer the amount on line 42 to line 43. Yes. Complete the Itemized Deductions Worksh	ctions It from federal Schedu B, and 14) Ine 5 (State Disability only) (or Schedule A ( Disses. See Instructions B) more than the amount of widow(er) In the Instructions	le A (Form 1040), line insurance, and state a Form 1040NR), line 1 S. Specify unt shown below for \$187,2 \$280,8 \$374,4	your filing status?	38 39 40 41 342	
Part III Adjustments to Federal Itemized Dedu 38 Federal Itemized Deductions. Enter the amoun (or Schedule A (Form 1040NR), lines 1, 5, 6, 13 39 Enter total of federal Schedule A (Form 1040), I or General Sales Tax), and line 8 (foreign taxes 40 Subtract line 39 from line 38. 41 Other adjustments including California lottery ic 42 Combine line 40 and line 41. 43 Is your federal AGI (Long Form 540NR, line 13 Single or married/RDP filing separatel Head of household.  Married/RDP filing jointly or qualifying No. Transfer the amount on line 42 to line 43. Yes. Complete the Itemized Deductions Worksh 44 Enter the larger of the amount on line 43 or yo	ctions It from federal Schedu B, and 14) Ine 5 (State Disability only) (or Schedule A ( Disses. See Instructions B) more than the amount of widow(er) In the Instructions	le A (Form 1040), line insurance, and state a Form 1040NR), line 1 S. Specify unt shown below for \$187,2 \$280,8 \$374,4	your filing status?	38 39 40 41 342	
Part III Adjustments to Federal Itemized Dedu 38 Federal Itemized Deductions. Enter the amoun (or Schedule A (Form 1040NR), lines 1, 5, 6, 13 39 Enter total of federal Schedule A (Form 1040), I or General Sales Tax), and line 8 (foreign taxes 40 Subtract line 39 from line 38 41 Other adjustments including California lottery ic 42 Combine line 40 and line 41. 43 Is your federal AGI (Long Form 540NR, line 13 Single or married/RDP filing separate Head of household Married/RDP filing jointly or qualifying No. Transfer the amount on line 42 to line 43. Yes. Complete the Itemized Deductions Worksh 44 Enter the larger of the amount on line 43 or yo Part IV California Taxable Income	ctions It from federal Schedu It from federal Schedu It from federal Schedu It from federal Schedu It foot schedule A ( It foot schedul	le A (Form 1040), line insurance, and state a Form 1040NR), line 1 s. Specify unt shown below for \$187,2 \$280,8 \$374,4 stor Schedule CA (540	your filing status?  08 11  ONR), line 43	38 39 40 41 42 42	
Part III Adjustments to Federal Itemized Dedu 38 Federal Itemized Deductions. Enter the amoun (or Schedule A (Form 1040NR), lines 1, 5, 6, 13 39 Enter total of federal Schedule A (Form 1040), I or General Sales Tax), and line 8 (foreign taxes 40 Subtract line 39 from line 38 41 Other adjustments including California lottery ic 42 Combine line 40 and line 41. 43 Is your federal AGI (Long Form 540NR, line 13 Single or married/RDP filing separate Head of household.  Married/RDP filing jointly or qualifying No. Transfer the amount on line 42 to line 43. Yes. Complete the Itemized Deductions Worksh 44 Enter the larger of the amount on line 43 or yo  Part IV California Taxable Income 45 California AGI. Enter your California AGI from 1	ctions It from federal Schedu It from federal Schedu It from federal Schedu It from federal Schedu It foot schedule A ( It foot schedul	le A (Form 1040), line insurance, and state a Form 1040NR), line 1 is Specify unt shown below for \$187,2 \$280,8 \$374,4 ifor Schedule CA (540 in. See Instructions	your filing status?  08 11  ONR), line 43	38 39 40 41 42 42	
Part III Adjustments to Federal Itemized Dedu 38 Federal Itemized Deductions. Enter the amoun (or Schedule A (Form 1040NR), lines 1, 5, 6, 13 39 Enter total of federal Schedule A (Form 1040), I or General Sales Tax), and line 8 (foreign taxes 40 Subtract line 39 from line 38 41 Other adjustments including California lottery ic 42 Combine line 40 and line 41. 43 Is your federal AGI (Long Form 540NR, line 13 Single or married/RDP filling separate Head of household.  Married/RDP filling jointly or qualifying No. Transfer the amount on line 42 to line 43. Yes. Complete the Itemized Deductions Worksh 44 Enter the larger of the amount on line 43 or yo  Part IV California Taxable Income 45 California AGI. Enter your California AGI from 1 46 Enter your deductions from line 44.	ctions It from federal Schedu It from federal Schedu It from federal Schedu It from federal Schedu It foot schedule A ( It foot schedul	le A (Form 1040), line insurance, and state a Form 1040NR), line 1 is Specify unt shown below for \$187,2 \$280,8 \$374,4 ifor Schedule CA (540 in. See Instructions	your filing status?  08 11  ONR), line 43	38 39 40 41 42 42	
Part III Adjustments to Federal Itemized Dedu 38 Federal Itemized Deductions. Enter the amoun (or Schedule A (Form 1040NR), lines 1, 5, 6, 13 39 Enter total of federal Schedule A (Form 1040), I or General Sales Tax), and line 8 (foreign taxes 40 Subtract line 39 from line 38 41 Other adjustments including California lottery to 42 Combine line 40 and line 41 43 Is your federal AGI (Long Form 540NR, line 13 Single or married/RDP filing separate Head of household Married/RDP filing jointly or qualifying No. Transfer the amount on line 42 to line 43. Yes. Complete the Itemized Deductions Worksh 44 Enter the larger of the amount on line 43 or yo  Part IV California Taxable Income 45 California AGI. Enter your California AGI from 1 46 Enter your deductions from line 44 47 Deduction Percentage. Divide line 37, column	ctions It from federal Schedu B, and 14) Ine 5 (State Disability only) (or Schedule A ( Disses. See Instructions B) more than the amount of widow(er) Ineet in the Instructions our standard deduction Ine 37, column E E by line 37, column E	insurance, and state a Form 1040NR), line 1 S. Specify unt shown below for \$187,2 \$280,8 \$374,4 For Schedule CA (540 In. See Instructions	your filing status?  ONR), line 43	39	
Part III Adjustments to Federal Itemized Dedu 38 Federal Itemized Deductions. Enter the amoun (or Schedule A (Form 1040NR), lines 1, 5, 6, 13 39 Enter total of federal Schedule A (Form 1040), I or General Sales Tax), and line 8 (foreign taxes 40 Subtract line 39 from line 38 41 Other adjustments including California lottery to 42 Combine line 40 and line 41. 43 Is your federal AGI (Long Form 540NR, line 13 Single or married/RDP filing separatel Head of household Married/RDP filing jointly or qualifying No. Transfer the amount on line 42 to line 43. Yes. Complete the Itemized Deductions Worksh 44 Enter the larger of the amount on line 43 or yo Part IV California Taxable Income 45 California AGI. Enter your California AGI from 1 46 Enter your deductions from line 44 47 Deduction Percentage. Divide line 37, column to four places. If the result is greater than 1.00	ctions It from federal Schedu B, and 14). Ine 5 (State Disability only) (or Schedule A ( Disability only) Onet than the amount of widow(er) Onet in the instructions our standard deduction onet in the instruction of the instruction o	ie A (Form 1040), line insurance, and state a Form 1040NR), line 1 is. Specify sunt shown below for \$187,2 \$280,8 \$374,4 for Schedule CA (540 in. See Instructions.	your filing status?  ONR), line 43  46  47	39	
Part III Adjustments to Federal Itemized Dedu 38 Federal Itemized Deductions. Enter the amoun (or Schedule A (Form 1040NR), lines 1, 5, 6, 13 39 Enter total of federal Schedule A (Form 1040), I or General Sales Tax), and line 8 (foreign taxes 40 Subtract line 39 from line 38 41 Other adjustments including California lottery to 42 Combine line 40 and line 41 43 Is your federal AGI (Long Form 540NR, line 13 Single or married/RDP filing separate Head of household Married/RDP filing jointly or qualifying No. Transfer the amount on line 42 to line 43. Yes. Complete the Itemized Deductions Worksh 44 Enter the larger of the amount on line 43 or yo  Part IV California Taxable Income 45 California AGI. Enter your California AGI from 1 46 Enter your deductions from line 44 47 Deduction Percentage. Divide line 37, column	ctions It from federal Schedu It from federal Schedu It from federal Schedu It from federal Schedu It foot schedule A ( It foot schedul	le A (Form 1040), line insurance, and state a Form 1040NR), line 1 is. Specify unt shown below for \$187,2 \$280,8 \$374,4 if or Schedule CA (540 in. See Instructions in than zero, enter -0- centage on line 47 is amount to Long Fo	your filing status?  ONR), line 43   46	39	

Section B — Adjustments to income	A	В	С	D	E
22 b Enter totals from Side 1, line 22a, col. A	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and incom- earned or received from CA sources as a nonresident)
through col. E		<b>⊙</b> 0	<b>33,500</b>	<b>58,500</b>	<b>50,250</b>
23 Educator expenses	<ul><li>●</li><li>●</li></ul>	<ul><li>●</li><li>●</li></ul>	•	•	•
5 Health savings account deduction 25	<u> </u>	<u> </u>	10		
6 Moving expenses	<ul><li>•</li></ul>			•	<ul><li>•</li></ul>
7 Deductible part of self-employment tax 27 8 Self-employed SEP, SIMPLE, and	<u> </u>			<u>•</u>	<u> </u>
qualified plans	⊙			<b>⊙</b>	<b>⊙</b>
9 Self-employed health insurance deduction 29	<b>⊙</b>			•	•
30 Penalty on early withdrawal of savings 30 staAlimony paid. b Enter recipient's:  SSN	<u> </u>			•	<b>⊙</b>
Last name ( )	•		•	•	•
32 IRA deduction	<ul><li>●</li></ul>			•	<ul><li>•</li></ul>
3 Student loan Interest deduction	<u>•</u>		•	•	<ul><li></li></ul>
4 Reserved					
5 Domestic production activities deduction . 35	<ul><li></li></ul>	<ul><li>•</li></ul>			
6 Add line 23 through line 35 in each column,		0			0
A through E	<ul><li>25,000</li></ul>	<ul><li>0</li><li>0</li></ul>	<ul><li>33,500</li></ul>	<ul><li>58,500</li></ul>	<ul><li>50,250</li></ul>
Part III Adjustments to Federal Itemized Dedu	ctions	1	d. Wash	1700	-
8 Federal Itemized Deductions. Enter the amoun		le A (Form 1040), line	98 4, 9, 15, 19, 20, 27,		2.521
					2,521
(or Schedule A (Form 1040NR), lines 1, 5, 6, 1					
9 Enter total of federal Schedule A (Form 1040),	line 5 (State Disability	Insurance, and state a		(A) 20	2,446
9 Enter total of federal Schedule A (Form 1040), or General Sales Tax), and line 8 (foreign taxes	ine 5 (State Disability only) (or Schedule A (	Insurance, and state a			
P Enter total of federal Schedule A (Form 1040), or General Sales Tax), and line 8 (foreign taxes     Subtract line 39 from line 38	line 5 (State Disability only) (or Schedule A (	insurance, and state a Form 1040NR), line 1	). See Instructions	• 40	75
89 Enter total of federal Schedule A (Form 1040), or General Sales Tax), and line 8 (foreign taxes 80 Subtract line 39 from line 38 11 Other adjustments including California lottery li 12 Combine line 40 and line 41.	ine 5 (State Disability only) (or Schedule A ( osses. See Instructions	insurance, and state a Form 1040NR), line 1 s. Specify	). See Instructions		75
or General Sales Tax), and line 8 (foreign taxes  Subtract line 39 from line 38  Combine line 40 and line 41  Single or married/RDP filing separate Head of household  Married/RDP filing jointly or qualifyin  No. Transfer the amount on line 42 to line 43.	ine 5 (State Disability only) (or Schedule A ( osses, See Instructions ) more than the amoly g widow(er)	insurance, and state a Form 1040NR), line 1 s. Specify unt shown below for \$187,2 \$280,8 \$374,4	your filing status?		75
9 Enter total of federal Schedule A (Form 1040), or General Sales Tax), and line 8 (foreign taxes Subtract line 39 from line 38	ine 5 (State Disability only) (or Schedule A ( osses. See Instructions ) more than the amounty g widow(er)	Insurance, and state a Form 1040NR), line 1  S. Specify  unt shown below for \$187,2 \$280,8 \$374,4	your filing status? 03 11 11 11 11 11 11 11 11 11 11 11 11 11	● 41 ● 42	75
9 Enter total of federal Schedule A (Form 1040), or General Sales Tax), and line 8 (foreign taxes 0 Subtract line 39 from line 38	ine 5 (State Disability only) (or Schedule A ( osses. See Instructions ) more than the amounty g widow(er)	Insurance, and state a Form 1040NR), line 1  S. Specify  unt shown below for \$187,2 \$280,8 \$374,4	your filing status? 03 11 11 11 11 11 11 11 11 11 11 11 11 11	● 41 ● 42	75
9 Enter total of federal Schedule A (Form 1040), or General Sales Tax), and line 8 (foreign taxes 0 Subtract line 39 from line 38	ine 5 (State Disability only) (or Schedule A ( osses. See Instructions 3) more than the amount by g widow(er) neet in the Instructions our standard deduction	Insurance, and state a Form 1040NR), line 1  S. Specify  unt shown below for \$187,2 \$280,8 \$374,4  for Schedule CA (546  n. See Instructions	your filing status?  908  11  ONR), line 43	● 41 ● 42 ● 42 ● 44	75
9 Enter total of federal Schedule A (Form 1040), or General Sales Tax), and line 8 (foreign taxes Subtract line 39 from line 38	Ine 5 (State Disability only) (or Schedule A ( osses. See Instructions ) more than the amounty g widow(er)  neet in the Instructions our standard deduction	Insurance, and state a Form 1040NR), line 1 s. Specify unt shown below for \$187,2 \$280,8 \$374,4 stor Schedule CA (540	your filing status? 03 08 11	● 41 ● 42 ● 42 ● 44	75
or General Sales Tax), and line 8 (foreign taxes Subtract line 39 from line 38 Other adjustments including California lottery li Combine line 40 and line 41 Is your federal AGI (Long Form 540NR, line 1: Single or married/RDP filing separate Head of household Married/RDP filing jointly or qualifyin No. Transfer the amount on line 42 to line 43. Yes. Complete the Itemized Deductions Works! Enter the larger of the amount on line 43 or ye Part IV California Taxable Income California AGI. Enter your California AGI from Enter your deductions from line 44 Deduction Percentage. Divide line 37, column	ine 5 (State Disability only) (or Schedule A ( osses. See Instructions ) more than the amount g widow(er) g widow(er)  neet in the Instructions our standard deduction line 37, column E E by line 37, column D	Insurance, and state a Form 1040NR), line 1  S. Specify  unt shown below for \$187,2 \$280,8 \$374,4  for Schedule CA (540 n. See Instructions	your filing status? 03 108 111 DNR), line 43	. ● 41 . ● 42 . ● 44 . ● 44	75
or General Sales Tax), and line 8 (foreign taxes Subtract line 39 from line 38 Other adjustments including California lottery is Combine line 40 and line 41 Single or married/RDP filing separate Head of household Married/RDP filing jointly or qualifyin No. Transfer the amount on line 42 to line 43. Yes. Complete the itemized Deductions Works Enter the larger of the amount on line 43 or ye  Part IV California Taxable Income  To California AGI. Enter your California AGI from Enter your deductions from line 44 Deduction Percentage. Divide line 37, column to four places. If the result is greater than 1.00	ine 5 (State Disability only) (or Schedule A ( osses. See Instructions ) more than the amount if widow(er)  meet in the Instructions our standard deduction  E by line 37, column D  oo, enter 1.0000. If les	Insurance, and state a Form 1040NR), line 1 S. Specify  unt shown below for	your filing status? 03 08 11 0NR), line 43  45	. ● 41 . ● 42 . ● 44 . ● 44	75
or General Sales Tax), and line 8 (foreign taxes Subtract line 39 from line 38 Other adjustments including California lottery is Combine line 40 and line 41. Is your federal AGI (Long Form 540NR, line 1: Single or married/RDP filing separate Head of household. Married/RDP filing jointly or qualifyin No. Transfer the amount on line 42 to line 43. Yes. Complete the Itemized Deductions Works! Enter the larger of the amount on line 43 or ye Part IV California Taxable Income California AGI. Enter your California AGI from Enter your deductions from line 44. Deduction Percentage. Divide line 37, column	Ine 5 (State Disability only) (or Schedule A ( osses. See Instructions 3) more than the amount by	Insurance, and state a Form 1040NR), line 1 S. Specify  unt shown below for	your filing status? 03 08 11 0NR), line 43	● 45 ● 45 ● 45 ● 45	75

Income Adjustment Schedule	A	В	C	D	E
Section B — Adjustments to Income	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
22 b Enter totals from Side 1, line 22a, col. A through col. E	<b>25,000</b>		<b>33,500</b>	<b>©</b> 58,500	<b>o</b> 50,250
23 Educator expenses	<b>⊙</b>	<b>⊙</b>			
24 Certain business expenses of reservists, performing artists, and fee-basis government officials	•	•	•	•	•
25 Health savings account deduction 25	<ul><li>●</li></ul>	<u></u>			
26 Moving expenses	•			•	<ul><li>•</li></ul>
27 Deductible part of self-employment tax 27	•			•	<ul><li></li></ul>
28 Self-employed SEP, SIMPLE, and qualified plans	0			0	0
29 Self-employed health insurance deduction 29	<ul><li>●</li><li>●</li></ul>		-	<b>⊙</b> ⊙	<u> </u>
30 Penalty on early withdrawal of savings 30	<b>⊙</b>			0	• •
31aAlimony paid. b Enter recipient's:	•			•	•
Last name 🕘	<b>⊙</b>		•	⊙	<b>(a)</b>
32 IRA deduction	<b>⊙</b>			•	<b>⊙</b>
33 Student loan Interest deduction	<b>⊙</b>		•	•	<b>(a)</b>
34 Reserved					
35 Domestic production activities deduction . 35	•	•			
36 Add line 23 through line 35 in each column, A through E	•	0	0	•	•
37 Total. Subtract line 36 from line 22b in each column, A through E. See Instructions 37	<ul><li>25,000</li></ul>		<b>33,500</b>	<b>58,500</b>	<b>o</b> 50,250
Part III Adjustments to Federal Hemized Nedu	ctions		10.14.00		
California Standard Deduction Do not use this chart if your parent, or s (or your spouse/RDP) as a dependent of	someone else, car	claim you	es 4, 9, 15, 19, 20, 27, and local income tax.	0	2,521
Your Filing Status			). See Instructions		_
1 - Single		. \$4.236			-
2 - Married/RDP filing jointly		\$8,472		• 41	
3 – Married/RDP filing separately 4 – Head of household		\$8,472	your filing status? 203		.0
The California standard deduction amo standard deduction amounts.	unts are less than	the federal	108 111		
Yes. Complete the Itemized Deductions Worksh	neet in the instructions	for Schedule CA (54)		① 43	75
44 Enter the larger of the amount on line 43 or yo	our standard deductio	n. See Instructions	Page	44	
Part IV California Taxable income			31		
45 California AGI. Enter your California AGI from I					
46 Enter your deductions from line 44			• 46_		
to four places. If the result is greater than 1 00		THE RESIDENCE AND DESCRIPTION OF THE PARTY O			
to four places. If the result is greater than 1.00 48 California Itemized/Standard Deductions. Mul			the state of the s	• 48	
	tiply line 46 by the per	centage on line 47		ACCOUNT OF THE PARTY OF THE PAR	

Income Adjustment Schedule	A	В	С	D	E
Section B — Adjustments to income	Federal Amounts (taxable amounts from your federal tax return)		Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
22 b Enter totals from Side 1, line 22a, col. A through col. E	<b>25,000</b>	<ul><li>0</li></ul>	33,500	<b>58,500</b>	<b>50,250</b>
23 Educator expenses	•	<ul><li>●</li></ul>	Willey V		ene
24 Certain business expenses of reservists, performing artists, and fee-basis government officials	•	•	•	•	•
25 Health savings account deduction 25	<u> </u>	0			~
26 Moving expenses	<ul><li>•</li></ul>	~		•	<b>⊙</b>
27 Deductible part of self-employment tax 27 28 Self-employed SEP, SIMPLE, and	<u> </u>			•	<u></u>
qualified plans	•			•	<b>⊙</b>
29 Self-employed health Insurance deduction 29	<b>●</b>			•	<b>⊙</b>
30 Penalty on early withdrawal of savings 30 31aAlimony paid. b Enter recipient's: SSN	<u> </u>			•	•
Last name ()	•	-	•	•	•
32 IRA deduction	<ul><li>●</li></ul>			•	<b>⊙</b>
33 Student loan Interest deduction	<ul><li>●</li></ul>		•	•	•
34 Reserved					1
35 Domestic production activities deduction . 35	<ul><li>•</li></ul>	•			
36 Add line 23 through line 35 in each column, A through E	•	•	•	•	•
37 Total. Subtract line 36 from line 22b in each column, A through E. See instructions 37	<ul><li>25,000  </li></ul>	200	<b>33,500</b>	<b>58,500</b>	<b>⊙</b> 50,250
Part III Adjustments to Federal Itemized Dedu					
38 Federal Itemized Deductions. Enter the amoun		Control of the Contro	98 4, 9, 15, 19, 20, 27,		2 521
(or Schedule A (Form 1040NR), lines 1, 5, 6, 13  9 Enter total of federal Schedule A (Form 1040), lines Capaciti Sales Tax), and line 8 (fession taxes	ine 5 (State Disability	Insurance, and state a			2.446
or General Sales Tax), and line 8 (foreign taxes 40 Subtract line 39 from line 38			i). See ilistructions	0	
41 Other adjustments including California lottery in					33
42 Combine line 40 and line 41					75
43 Is your federal AGI (Long Form 540NR, line 1: Single or married/RDP filling separate Head of household	Ŋ	\$187,2 \$280,8	03		
Yes. Complete the Itemized Deductions Workst	neet in the instructions	for Schedule CA (54)	ONR), line 43	43	
44 Enter the larger of the amount on line 43 or yo					4,236
Part IV California Taxable Income					
45 California AGI. Enter your California AGI from				• 45	3
46 Enter your deductions from line 44					
47 Deduction Percentage. Divide line 37, column to four places. If the result is greater than 1.00					
48 California Itemized/Standard Deductions. Mul					
49 California Taxable Income. Subtract line 48 fro		-			
zero, enter -0-				49	
<u> </u>			<u> </u>		wii

Income Adjustment Schedule	Α	В	С	D	E
Section B — Adjustments to income	Federal Amounts (taxable amounts from your federal tax return)		Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
22 b Enter totals from Side 1, line 22a, col. A through col. E	<b>25,000</b>	0	<b>33,500</b>	<b>58,500</b>	<b>50,250</b>
23 Educator expenses	•	<ul><li>●</li></ul>	10 EV		dia di
24 Certain business expenses of reservists, performing artists, and fee-basis government officials	•	•	•	•	•
25 Health savings account deduction 25	<u> </u>	<u> </u>			
26 Moving expenses	<ul><li>•</li></ul>	~		•	•
27 Deductible part of self-employment tax 27 28 Self-employed SEP, SIMPLE, and	<u></u>			<u> </u>	<u></u>
qualified plans	•			•	<b>⊙</b>
29 Self-employed health Insurance deduction 29	<b>⊙</b>			•	⊙
30 Penalty on early withdrawal of savings 30 31aAlimony paid. b Enter recipient's: SSN	<b>©</b>			•	•
Last name ()	•	-	•	•	•
32 IRA deduction	<ul><li></li></ul>			•	<b>o</b>
33 Student loan Interest deduction	•		•	<b>•</b>	<b>⊙</b>
34 Reserved					
35 Domestic production activities deduction . 35	•	<ul><li>•</li></ul>	( i		
36 Add line 23 through line 35 in each column, A through E	•	•	•	•	•
37 Total. Subtract line 36 from line 22b in each column, A through E. See instructions 37	<ul><li>25,000  </li></ul>	200	<b>33,500</b>	<b>58,500</b>	<b>⊙</b> 50,250
Part III Adjustments to Federal Itemized Dedu					
38 Federal Itemized Deductions. Enter the amoun		Control of the Contro	98 4, 9, 15, 19, 20, 27,		2 521
(or Schedule A (Form 1040NR), lines 1, 5, 6, 13 39 Enter total of federal Schedule A (Form 1040), l or General Sales Tax), and line 8 (foreign taxes	ine 5 (State Disability	Insurance, and state a			2.446
40 Subtract line 39 from line 38			rj. dee matruciona	0	
41 Other adjustments including California lottery is					39
42 Combine line 40 and line 41				12	75
43 Is your federal AGI (Long Form 540NR, line 1: Single or married/RDP filing separate Head of household Married/RDP filing jointly or qualifyin No. Transfer the amount on line 42 to line 43.	Ŋ	\$187,2 \$280,8	203 108		
Yes. Complete the Itemized Deductions Workst					
44 Enter the larger of the amount on line 43 or yo	our standard deductio	n. See Instructions .		44	4,236
Part IV California Taxable Income				-	50.250
45 California AGI. Enter your California AGI from 46 Enter your deductions from line 44				4,236	50,250
47 Deduction Percentage. Divide line 37, column				4,230	
to four places. If the result is greater than 1.00					
48 California Itemized/Standard Deductions. Mul	tiply line 46 by the per	rcentage on line 47		48	
49 California Taxable Income. Subtract line 48 fro					
zero, enter -0-				• 49	
					V63

Income Adjustment Schedule	Α	В	С	D	E
Section B — Adjustments to income	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
22 b Enter totals from Side 1, line 22a, col. A through col. E	<b>25,000</b>	<ul><li>0</li></ul>	<b>33,500</b>	<b>58,500</b>	<b>50,250</b>
23 Educator expenses	<u> </u>	<u> </u>	V (100 )		restrict
24 Certain business expenses of reservists, performing artists, and fee-basis					
government officials	<b>⊙</b>	<b>⊙</b>	•	<b>⊙</b>	<b>⊙</b>
25 Health savings account deduction 25	•	•			
26 Moving expenses	<b>⊙</b>			•	⊚
27 Deductible part of self-employment tax 27 28 Self-employed SEP, SIMPLE, and	⊚			•	⊚
qualified plans	•			•	•
29 Self-employed health Insurance deduction 29	<ul><li>•</li></ul>			<ul><li>•</li></ul>	<b>⊙</b>
31aAlimony paid. b Enter recipient's:	•			•	•
SSN ●	•		•	•	•
32 IRA deduction	<u> </u>			•	<u> </u>
33 Student loan Interest deduction	<u> </u>		•	<ul><li></li></ul>	<ul><li></li></ul>
34 Reserved					
35 Domestic production activities deduction .35	<ul><li>•</li></ul>	<ul><li>•</li></ul>			
36 Add line 23 through line 35 in each column, A through E	<ul><li></li></ul>	•	•	•	•
37 Total. Subtract line 36 from line 22b in each	<ul><li>25,0001</li></ul>	2.5	<ul><li>33,500</li></ul>	<b>58,500</b>	<b>⊙</b> 50,250
Part III Adjustments to Federal Itemized Dedu					
38 Federal Itemized Deductions. Enter the amoun		Contraction of the Contraction o	98 4, 9, 15, 19, 20, 27,		2,521
(or Schedule A (Form 1040NR), lines 1, 5, 6, 13 39 Enter total of federal Schedule A (Form 1040), li or General Sales Tax), and line 8 (foreign taxes)	ine 5 (State Disability	Insurance, and state a		38	
40 Subtract line 39 from line 38					
41 Other adjustments including California lottery io				• 41	
42 Combine line 40 and line 41					75
Single or married/RDP filling separatel Head of household  Married/RDP filling jointly or qualifying No. Transfer the amount on line 42 to line 43.	y	\$187,2 \$280,8	03 08		
Yes. Complete the Itemized Deductions Worksh					1.00.6
44 Enter the larger of the amount on line 43 or yo	ur standard deduction	n. See Instructions			4,236
Part IV California Taxable income				0	50,250
45 California AGI. Enter your California AGI from I 46 Enter your deductions from line 44				4,236	30,430
Deduction Percentage. Divide line 37, column to four places. If the result is greater than 1.00				· · · · · · · · · · · · · · · · · · ·	
48 California itemized/Standard Deductions. Mul					
49 California Taxable Income. Subtract line 48 fro zero, enter -0-		0.70	0.0		
<u> </u>					763

Income Adjustment Schedule	A	В	С	D	E
Section B — Adjustments to income	Federal Amounts (taxable amounts from your federal tax return)		Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
22 b Enter totals from Side 1, line 22a, col. A through col. E	<b>25,000</b>	<ul><li>0</li></ul>	<b>33,500</b>	<b>58,500</b>	<b>o</b> 50,250
23 Educator expenses	<ul><li>20,000</li></ul>	•	9 22,800	0,000	Table In
24 Certain business expenses of reservists, performing artists, and fee-basis					
government officials	<u> </u>	<u>•</u>	0	0	•
25 Health savings account deduction 25	<u> </u>	•			
26 Moving expenses	<u> </u>			0	<u>•</u>
27 Deductible part of self-employment tax 27 28 Self-employed SEP, SIMPLE, and qualified plans	0			0	<b>⊙</b>
qualified plans	<b>⊙</b> ⊙		1	<u> </u>	0
30 Penalty on early withdrawal of savings30	<b>⊙</b>		1	0	<u> </u>
31aAlimony paid. b Enter recipient's:	•			•	•
Last name ()	•		•	•	•
32 IRA deduction	<b>⊙</b>			<ul><li>•</li></ul>	<b>⊙</b>
33 Student loan Interest deduction	<b>⊙</b>		•	<b>•</b>	<b>(</b>
34 Reserved					
35 Domestic production activities deduction . 35	<b>⊙</b>	•			
36 Add line 23 through line 35 in each column, A through E	•	•	•	•	•
37 Total. Subtract line 36 from line 22b in each column, A through E. See Instructions 37	<ul><li>25,000  </li></ul>	(2/2)	<b>33,500</b>	<b>58,500</b>	<b>⊙</b> 50,250
Part III Adjustments to Federal Itemized Dedu	ctions				
38 Federal Itemized Deductions. Enter the amoun		le A (Form 1040), line	es 4, 9, 15, 19, 20, 27,		
(or Schedule A (Form 1040NR), lines 1, 5, 6, 13	The second secon			38	2,521
39 Enter total of federal Schedule A (Form 1040), I or General Sales Tax), and line 8 (foreign taxes					2,446
40 Subtract line 39 from line 38	unity) (ur Scriedule A (	rottii to4own), iiile	rj. dee ilistructions	• 40	
41 Other adjustments including California lottery to	sses. See Instructions	s. Specify		• 41	
					75
43 Is your federal AGI (Long Form 540NR, line 13 Single or married/RDP filling separatel Head of household Married/RDP filling jointly or qualifying No. Transfer the amount on line 42 to line 43.	y	\$187,2 \$280,8	203 808		
Yes. Complete the Itemized Deductions Worksh	eet in the instructions	for Schedule CA (54)	ONR), line 43		75
44 Enter the larger of the amount on line 43 or yo	ur standard deductio	n. See Instructions .		• 44	4,236
Part IV California Taxable income					
45 California AGI. Enter your California AGI from I				• 45	50,250
46 Enter your deductions from line 44	E by line 37, column D	). Carry the decimal	11	4,236	
to four places. If the result is greater than 1.00 48 California Itemized/Standard Deductions. Mul				<u>U 8590</u>	3,639
49 California Taxable Income. Subtract line 48	uply lille 40 by the per		orm 54 <u>0NR, line 35, ir</u> 1		3,037
zero, enter -0-	4,236 x .8	590		• 49	
	—				76

Income Adjustment Schedule	Α	В	C	D	E
Section B — Adjustments to income	Federal Amounts	Subtractions	Additions	Total Amounts	CA Amounts
	(taxable amounts from your federal tax return)		See instructions (difference between	Using CA Law As If You Were a	(income earned or received as a CA
		CA & federal law)	CA & federal law)	CA Resident (subtract col. B from	resident and income earned or received
			**	col. A; add col. C	from CA sources
22 b Enter totals from Side 1, line 22a, col. A			<u> </u>	to the result)	as a nonresident)
through col. E	<b>25,000</b>	<b>⊙</b> 0	<b>33,500</b>	<b>58,500</b>	<b>o</b> 50,250
23 Educator expenses	•	•	70 HV		al nic
24 Certain business expenses of reservists,	100	000			
performing artists, and fee-basis government officials	<ul><li></li></ul>	•	•	•	•
25 Health savings account deduction 25	•	0		_	
26 Moving expenses	<u> </u>			0	•
27 Deductible part of self-employment tax 27	<u> </u>			0	0
28 Self-employed SEP, SIMPLE, and	•			•	•
qualified plans	•			<ul><li>•</li></ul>	<b>⊙</b>
29 Self-employed health Insurance deduction 29	<ul><li>•</li></ul>			<ul><li>•</li></ul>	•
30 Penalty on early withdrawal of savings30	<ul><li>•</li></ul>			•	<ul><li>●</li></ul>
31aAlimony paid. b Enter recipient's:					
SSN •	0			0	0
Last name ●	<u> </u>		0	0	0
	0			<u> </u>	<u> </u>
33 Student loan Interest deduction	•		•	•	•
34 Reserved					
35 Domestic production activities deduction . 35	⊚	•			
36 Add line 23 through line 35 in each column, A through E			•	•	•
37 Total. Subtract line 36 from line 22b in each	5.00	2.5		5	- Con 131
column, A through E. See Instructions 37	<b>25,000</b>	0	<b>33,500</b>	<b>58,500</b>	<b>o</b> 50,250
Part III Adjustments to Federal Itemized Dedu					
38 Federal Itemized Deductions. Enter the amoun					2 521
(or Schedule A (Form 1040NR), lines 1, 5, 6, 13 39 Enter total of federal Schedule A (Form 1040), I			and local Innoma for	38	2,521
or General Sales Tax), and line 8 (foreign taxes				③ 39	2,446
40 Subtract line 39 from line 38	unit) (ar consumer r	romi rovovany, and r	j. dee matracalone	• 40	
41 Other adjustments including California lottery to	osses. See Instructions	s. Specify		NAME OF TAXABLE PARTY OF TAXABLE PARTY.	
42 Combine line 40 and line 41				@ 42	75
43 Is your federal AGI (Long Form 540NR, line 1			7 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (		
Single or married/RDP filling separate					
Head of household					
Married/RDP filing jointly or qualifyin No. Transfer the amount on line 42 to line 43.	g widow(er)	\$3/4,4	11		
Yes. Complete the Itemized Deductions Worksh	neet in the instructions	for Schedule CA (54)	INR) line 43	♠ 43	75
44 Enter the larger of the amount on line 43 or yo					
Part IV California Taxable Income					
45 California AGI. Enter your California AGI from I	ine 37 column E			• 45	50,250
46 Enter your deductions from line 44				4,236	
47 Deduction Percentage. Divide line 37, column	E by line 37, column D	). Carry the decimal	5 2000 CD	0.000	
to four places. If the result is greater than 1.00					2 (20
48 California itemized/Standard Deductions. Mul				the state of the s	3,639
49 California Taxable Income. Subtract line 48 fro			0.00		46,611
zero, enter -0-				• 49	10,011

2017 California Nonresident or Part-Year
Resident Income Tax Return Long Form

	l y	year filers only: Enter month of year en	d: month yea	r 2018. Ch	eck here	if this is	an AMENDED retu	ırn.
	st n	name Initial Last no	ime	Suffix		Your SSN o		A.
		ANDY return, spouse's/RDP's first name Initial Last no	GGO	Suffix			45 6789 DP SSN or ITIN	D.
II joins s	an.	Telum, spouses nor sinst name linear Last no	poe	Sunix		opouse sin	De p salvorting	
Addition	nal	Information (See instructions)		*			PBA code	Rb.
		dress (number and street) or PO box	(A) (S 18 - 10 (A) - 18 - 18 - 18 (A) (A)	0.00-10-10-10-10-10-10-10-10-10-10-10-10-1	Apt. no.	/ste. no.	PMB/private mailbox	
	_	122 OCEAN DRIVE			0	70	L	
NAME OF TAXABLE PARTY.	2000	u have a foreign address, see instructions) AN DIEGO			CA	9210	8	
		ountry name	Foreign province/	state/county	1011		reign postal code	4 7
5.0				September Wests C				- 2
Birt	•	Your DOB (mm/dd/yyyy) 0 5 2 2 1,9	pouse's/RDP'	s DOB (mm/dd/yyyy)			20.2	
50	1	If you filed your 2016 tax return under a differe	nt last name, write the last r	name only from the 2016	tax return			70
P. Name		Your prior name		se's/RDP's prior name	s alu		- property - tr	
	,	Shala	A III Head of he	usebald (with qualifyin		Can instr	uetione	- 3
Dill.	2	Married/RDP filing jointly. See inst.		usehold (with qualifyin widow(er) with depend				
Stat	3	Married/RDP filing separately. Enter spo				The state of the s		
		If your California filing status is different fro	m your federal filing statu	s, check the box here .				
	6	If someone can claim you (or your spouse/	RDP) as a dependent, chec	k the box here. See ins		. 6		-
75.0	_	line 7, line 8, line 9, and line 10: Multiply the a	the state of the s	A CONTRACTOR OF THE PROPERTY O		7	. Whole dollars	only
	9	Blind: If you (or your spouse/RDP) are visus if both are visually impaired, enter 2 Senior: If you (or your spouse/RDP) are 65 Dependents: Do not Include yourself or your	or older, enter 1; if both a		<ul><li>8 □</li><li>9 □</li></ul>		4 = <b>⊙</b> \$ 4 = <b>⊙</b> \$	
The state of		Dependent 1		Dependent 2			Dependent 3	
Exemptions 1		First Name	•		•		and a second	
1111		Last Name	•		100			
		SSN			•			
					_			
		Dependent's	•	7.7	•			
		Dependent's relationship to you	<u>•</u> ⊚		• •		7.7.	
To	ota	relationship (a)	•		•	X \$353	3= ⊚\$_	
		relationship  to you  all dependent exemptions	•		● 10 □	X \$353	B= <b>⊙</b> \$	114
1	1	to you	10		● 10 □	X \$353	A T (1) 1	114
1	1	relationship to you al dependent exemptions Exemption amount: Add line 7 through line	10	• 12	● 10 □	X \$353	<b>⊙</b> \$	114
1	2 3	relationship  al dependent exemptions	10	● 12 ne 4; 1040NR, line 36;	• 10 L		<b>⊙</b> \$	114
1	2 3	relationship al dependent exemptions  Exemption amount: Add line 7 through line Total California wages from your Form(s) W Enter federal AGI from Form 1040, line 37;	10	• 12 ne 4; 1040NR, line 36;	• 10 L	•	⊚\$	
1	2 3 4	relationship  al dependent exemptions	10	● 12 ne 4; 1040NR, line 36; le CA (540NR), line 37,	• 10 11	•	●\$	00
1	1 2 3 4 5	relationship o you  al dependent exemptions  Exemption amount: Add line 7 through line  Total California wages from your Form(s) W  Enter federal AGI from Form 1040, line 37; or 1040NR-EZ, line 10  California adjustments — subtractions. Enter  Subtract line 14 from line 13. If less than ze	10	■ 12	• 10 11 11	•	●\$	00
1	1 2 3 4 5 6	relationship oyou  al dependent exemptions  Exemption amount: Add line 7 through line  Total California wages from your Form(s) W  Enter federal AGI from Form 1040, line 37; or 1040NR-EZ, line 10  California adjustments – subtractions. Enter  Subtract line 14 from line 13. If less than ze  California adjustments – additions. Enter the	10	■ 12	• 10 11 11	•	●\$	00 00 00
otal Taxable Income	1 2 3 4 5 6 7	relationship al dependent exemptions  Exemption amount: Add line 7 through line Total California wages from your Form(s) W Enter federal AGI from Form 1040, line 37; or 1040NR-EZ, line 10  California adjustments – subtractions. Enter Subtract line 14 from line 13. If less than ze California adjustments – additions. Enter the	10	■ 12	• 10 L	•	●\$	00 00 00
Total Taxable Income	1 2 3 4 5 6 7 8	relationship  al dependent exemptions	10	■ 12	• 10 Column B		●\$	00 00 00

55555	a Employee's social security number	OMB No. 154	5-0008		
<b>b</b> Employer identification number (	EIN)	183	1 Wa	ges, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and	ZIP code		3 So	cial security wages	4 Social security tax withheld
Research II		5		adicare wages and tips	6 Medicare tax withheld
La Jolla, Ca	92037		7 So	cial security tips	8 Allocated tips
d Control number			9		10 Dependent care benefits
Employee's first name and initial	Last name	Suff.		onqualified plans	12a
Sandy Eggo 1122 Ocean	Drive		13 Sta	tutory Refirement Third-party oloyee plan sick-pay	126
San Diego, C		3	14 Oth	ner	12c
f Employee's address and ZIP cod	e				12d 
15 State Employer's state ID num	<u> </u>	17 State incom	e tax	18 Localwages, tips, etc.	19 Local income tax 20 Locality nar

W-2 Wage and Tax
Statement
Copy 1—For State, City, or Local Tax Department

2017

Department of the Treasury—Internal Revenue Service

TA	XA	BL	E	YEAR	
		20	4	7	

#### California Nonresident or Part-Year Resident Income Tax Return

Long Form

540NR

FISC	al y	year filers only: Enter month of year er	nd: month year 20	18. Check	k here if this is	an AMENDED retu	ırn.
Your fi				Suffix	Your SSN o		A
-		ANDY  return, spouse's/RDP's first name   Initial Last n	EGGO	Suffix		45 6789 DP <sub>2</sub> SSN or ITIN	R
	10		F-101-11-1-101-11-1	1101 11 5 1111		ALCOHOLD IN THE STREET	RP:
Additio	onal	I information (See instructions)				PBA code	H
Street		dress (number and street) or PO box 122 OCEAN DRIVE			Apt. no./ste. no.	PMB/private mailbox	
City (If		u have a foreign address, see instructions)		12. 12. 12.12. 12.	State ZIP code		
Foreig		AN DIEGO ountry name	Foreign province/state	county	CA 9210	reign postal code	
Date of Birth	•	Your DOB (mm/dd/yyyy) 0.5 2.2 1.9	9 8 7 pouse's/RDP's DO	B (mm/dd/yyyy)	A. Les Espera	20.2	
100		If you flied your 2016 tax return under a differe	ent last name, write the last name	only from the 2016 tax	return.		-
F	•	Your prior name	Spouse's/	RDP's prior name	-		
Status	2 3	✓ Single     ✓ Married/RDP filing jointly. See inst.     ✓ Married/RDP filing separately. Enter sp If your California filing status is different from		w(er) with dependent e and full name here_	child. Enter year		
	6	If someone can claim you (or your spouse/	(RDP) as a dependent, check th	box here. See inst	6		
suc	9	Blind: If you (or your spouse/RDP) are visit both are visually impaired, enter 2 Senior: If you (or your spouse/RDP) are 68 Dependents: Do not include yourself or your	5 or older, enter 1; if both are 68			l = ⊙\$   = ⊙\$	
			The state of the s	pendent 2	29.		
ptic						Dependent 3	
xemptic		Dependent 1		periodic L		Dependent 3	
Exemptions		Dependent 1	•	pendent L	•	Dependent 3	
Exemptic		Dependent 1  First Name  Last Name		paraeria L	•	Dependent 3	
Exemptic		Dependent 1  First Name  Last Name  SSN	•	portion L	(C)	Dependent 3	
Exemptic		Dependent 1  First Name  Last Name	•		•	Dependent 3	
		Dependent 1  First Name  Last Name  SSN  Dependent's relationship to you	• • •		•	7.7.	
	Tota	Dependent 1  First Name  Last Name  SSN  Dependent's relationship to you  al dependent exemptions	• • • •		<ul><li>●</li><li>IO</li><li>IO</li><li>IX \$353</li></ul>	8= ●\$	114
	Tota	Dependent 1  First Name  Last Name  SSN  Dependent's relationship to you  all dependent exemptions  Exemption amount: Add line 7 through line	• • • • • • • • • • • • • • • • • • •	•	● ● 10 □ X \$353	B= <b>⊙</b> \$	114
	Tota 11 12	Dependent 1  First Name  Last Name  SSN  Dependent's relationship to you  al dependent exemptions  Exemption amount: Add line 7 through line  Total California wages from your Form(s) V	● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ●	• 12_	<ul><li>●</li><li>IO</li><li>IO</li><li>IX \$353</li></ul>	B= <b>⊙</b> \$	114
	Tota 11 12	Dependent 1  First Name  Last Name  SSN  Dependent's relationship to you al dependent exemptions  Exemption amount: Add line 7 through line Total California wages from your Form(s) V Enter federal AGI from Form 1040, line 37;	● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ●	• 12_ 1040NR, line 36;	● ● 10 ■ X \$353	B= <b>⊙</b> \$	114
Income	Tota 11 12 13	Dependent 1  First Name  Last Name  SSN  Dependent's relationship to you  al dependent exemptions  Exemption amount: Add line 7 through line  Total California wages from your Form(s) V Enter federal AGI from Form 1040, line 37;	● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ●	• 12_ 1040NR, line 36;	● ● ● 10 ■ X \$353 11 30,000	8= <b>●</b> \$	
Income	Tota 11 12 13	Dependent 1  First Name  Last Name  SSN  Dependent's relationship to you  al dependent exemptions		12_ 1040NR, line 36;	10 X \$353 11 30,000	3= •\$ •\$ 00 13 14	00
Taxable Income	Tota 11 12 13 14 15	Dependent 1  First Name  Last Name  SSN  Dependent's relationship to you al dependent exemptions  Exemption amount: Add line 7 through line  Total California wages from your Form(s) V  Enter federal AGI from Form 1040, line 37; or 1040NR-EZ, line 10  California adjustments — subtractions. Enter Subtract line 14 from line 13. If less than a California adjustments — additions. Enter the	a 10	12_ 1040NR, line 36; (540NR), line 37, col ses. See instructions 40NR), line 37, colum	10 X \$353 11 30,000 umn B	8= ● \$ ● \$ 13 14 15 16	00 00 00
otal Taxable Income	Tota 11 12 13 14 15 16	Dependent 1  First Name  Last Name  SSN  Dependent's stretationship to you  all dependent exemptions  Exemption amount: Add line 7 through line  Total California wages from your Form(s) V  Enter federal AGI from Form 1040, line 37; or 1040NR-EZ, line 10  California adjustments — subtractions. Enter the Subtract line 14 from line 13. If less than 20 California adjustments — additions. Enter the Adjusted gross income from all sources. Compared to the subtract line 14 from line 13. If less than 20 California adjustments — additions. Enter the Adjusted gross income from all sources. Compared to the subtract line 14 from line 13. If less than 20 California adjustments — additions. Enter the Adjusted gross income from all sources. Compared to the subtract line 14 from line 13 and line 14 from line 15 and line 15 less than 20 California adjustments — additions. Enter the Adjusted gross income from all sources. Compared to the subtract line 14 from line 15 less than 20 California adjustments — additions. Enter the Adjusted gross income from all sources. Compared to the subtract line 14 from line 15 less than 20 California adjustments — additions. Enter the Adjusted gross income from all sources. Compared to the line 15 less than 20 California adjustments — additions. Enter the Adjusted gross income from all sources. Compared to the line 15 less than 20 California adjustments — additions.		● 12_ 1040NR, line 36; 1(540NR), line 37, col ses. See instructions 40NR), line 37, colum	0 0 10 X \$353 11 30,000 umn B	8= ● \$ ● \$ 13 14 15 16	00
otal Taxable Income	Tota 11 12 13 14 15 16	Dependent 1  First Name  Last Name  SSN  Dependent's relationship to you al dependent exemptions  Exemption amount: Add line 7 through line  Total California wages from your Form(s) V  Enter federal AGI from Form 1040, line 37; or 1040NR-EZ, line 10  California adjustments — subtractions. Enter Subtract line 14 from line 13. If less than a California adjustments — additions. Enter the	a 10	● 12_ 1040NR, line 36; 1(540NR), line 37, col ses. See instructions 40NR), line 37, colum	10 X \$353 11 30,000 umn B	8= ● \$ ● \$ 13 14 15 16	00 00 00

Income Adjustment Schedule	A	В	С	D	E
Section B — Adjustments to income	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
22 b Enter totals from Side 1, line 22a, col. A through col. E	<b>25,000</b>	0 0	<ul><li>33,500</li></ul>	<b>58,500</b>	<b>50,250</b>
	<ul><li>23,000</li></ul>	0	33,300	30,300	50,230
24 Certain business expenses of reservists, performing artists, and fee-basis					
government officials	<u> </u>	<u> </u>	<u>•</u>	0	•
25 Health savings account deduction 25	<u> </u>	•			
26 Moving expenses	0			0	<u> </u>
27 Deductible part of self-employment tax 27 28 Self-employed SEP, SIMPLE, and qualified plans	<u>●</u>			•	<b>⊙</b>
29 Self-employed health insurance deduction 29	0			0	<u> </u>
30 Penalty on early withdrawal of savings 30	<u> </u>			0	<u> </u>
31aAlimony paid. b Enter recipient's:					
	<b>⊙</b>		•	•	•
32 IRA deduction	<b>⊙</b>			•	•
33 Student loan Interest deduction	<b>⊙</b>		●	⊙	<b>●</b>
34 Reserved					
35 Domestic production activities deduction .35	<b>⊙</b>	<b>⊙</b>			
36 Add line 23 through line 35 in each column, A through E	<ul><li></li></ul>	•	•	•	•
37 Total. Subtract line 36 from line 22b In each	<b>25,000</b>		<b>33,500</b>	<b>58,500</b>	<b>⊙</b> 50,250
Part III Adjustments to Federal Itemized Dedu			W = 1 W + 1	Section 1	1011
38 Federal Itemized Deductions. Enter the amoun		le A (Form 1040), line	98 4, 9, 15, 19, 20, 27,	The state of the s	2 521
(or Schedule A (Form 1040NR), lines 1, 5, 6, 13 39 Enter total of federal Schedule A (Form 1040), I		Incurance and etates	and local Income tay	38	2,521
or General Sales Tax), and line 8 (foreign taxes				③ 39	2,446
40 Subtract line 39 from line 38					
41 Other adjustments including California lottery id					
42 Combine line 40 and line 41					75
Single or married/RDP filing separate Head of household	ý	\$187,2 \$280,8	03 08		
No. Transfer the amount on line 42 to line 43.  Yes. Complete the Itemized Deductions Worksh	oat in the instructions	for Schodula CA (54)	MP) Ilno 42	♠ 43	75
44 Enter the larger of the amount on line 43 or yo					
Part IV California Taxable Income				(4 <del>7</del> %)	<u> </u>
45 California AGI. Enter your California AGI from I	ine 37, column E				50,250
46 Enter your deductions from line 44				4,236	
47 Deduction Percentage. Divide line 37, column to four places. If the result is greater than 1.00			@ 47 I	0.8590	
48 California Itemized/Standard Deductions. Mul					3,639
49 California Taxable Income. Subtract line 48 fro zero, enter -0-	m line 45. Transfer th	is amount to Long Fo	rm 540NR, line 35. If I	ess than	16.614
				43	,
Side 9 Cabadale CA (CAONID) 2047		7740173			16

	-V-2	California Nonresider Resident Income Tax	THE STATE OF THE S	rm		540N	
isca	year filers	only: Enter month of year end: r		1.8000000	if this is a	n AMENDED retu	ırn.
S	t name ANDY ax return, spou	Initial Last name EGC	GO			1TIN 45 6789 P\$ SSN or ITIN	R
ddition	al information	(See instructions)	and the second of the first			PBA code	RP
OCHRUDO.	AND DESCRIPTION OF THE PARTY.	er and street) or PO box		Apt. no.	/ste. no.	PMB/private mailbox	
		EAN DRIVE eign address, see instructions)		State	ZIP code		-8
S	AN DIE	GO	فالمناسل والمراب والمناب والمناب والمناب	CA	92108		
oreign	country name		Foreign province/state/county		Fore	eign postal code	
if.	Your DOB (	mm/dd/yyyy) 10 5 2 2 1 9 8	7 pouse's/RDP's DOB (mm/dd/yyyy)		9		
m	If you filed	union DOLC tox entires under a different la	and name welfs the last name only from the O	Od C tow enhance			-85
ame.	Your prior i		ast name, write the last name only from the 2  • Spouse's/RDP's prior nam		6		
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		mornia ming status is unlevent from y	your federal filing status, check the box her	e			
►F	or line 7, line 7 Personal:	e can claim you (or your spouse/RDF 8, line 9, and line 10: Multiply the amo	o) as a dependent, check the box here. See unt you enter in the box by the pre-printed d enter 1 in the box. If you checked box 2 or	inst ollar amount f	or that line.		-
►F	or line 7, line 7 Personal: enter 2. If 8 Blind: If y	e can claim you (or your spouse/RDF 8, line 9, and line 10: Multiply the amo If you checked box 1, 3, or 4 above, you checked the box on line 6, see in ou (or your spouse/RDP) are visually	or ) as a dependent, check the box here. See unt you enter in the box by the pre-printed denter 1 in the box. If you checked box 2 or instructions.	inst	or that line.	= •\$	
►F	6 If someon or line 7, line 7 Personal: enter 2. If 8 Blind: If y if both are	e can claim you (or your spouse/RDF 8, line 9, and line 10: Multiply the amo If you checked box 1, 3, or 4 above, you checked the box on line 6, see in ou (or your spouse/RDP) are visually visually impaired, enter 2	o) as a dependent, check the box here. See unt you enter in the box by the pre-printed d enter 1 in the box. If you checked box 2 or instructions.	inst	or that line.  X \$114  X \$114	= <b>③</b> \$	
►F	Fig. 16 If someon or line 7, line 7 Personal: enter 2. If 8 Blind: If y if both are 9 Senior: If	e can claim you (or your spouse/RDF 8, line 9, and line 10: Multiply the amo If you checked box 1, 3, or 4 above, you checked the box on line 6, see in ou (or your spouse/RDP) are visually visually impaired, enter 2	o) as a dependent, check the box here. See unt you enter in the box by the pre-printed denter 1 in the box. If you checked box 2 or estructions.  impaired, enter 1; older, enter 1; if both are 65 or older, enter	inst	or that line.  X \$114  X \$114	= <b>③</b> \$	only 114
►F	Fig. 16 If someon or line 7, line 7 Personal: enter 2. If 8 Blind: If y if both are 9 Senior: If	e can claim you (or your spouse/RDF 8, line 9, and line 10: Multiply the amo If you checked box 1, 3, or 4 above, you checked the box on line 6, see in ou (or your spouse/RDP) are visually visually impaired, enter 2	o) as a dependent, check the box here. See unt you enter in the box by the pre-printed denter 1 in the box. If you checked box 2 or estructions.  impaired, enter 1; older, enter 1; if both are 65 or older, enter	inst	or that line.  X \$114  X \$114	= <b>③</b> \$	
►F	Fig. 16 If someon or line 7, line 7 Personal: enter 2. If 8 Blind: If y if both are 9 Senior: If	e can claim you (or your spouse/RDF 8, line 9, and line 10: Multiply the amo If you checked box 1, 3, or 4 above, you checked the box on line 6, see in ou (or your spouse/RDP) are visually visually impaired, enter 2 you (or your spouse/RDP) are 65 or ts: Do not Include yourself or your spo	o) as a dependent, check the box here. See unt you enter in the box by the pre-printed denter 1 in the box. If you checked box 2 or estructions.  impaired, enter 1; older, enter 1; if both are 65 or older, enter use/RDP.	inst	or that line.  X \$114  X \$114	= •\$ = •\$ = •\$	
►F	5 If someon or line 7, line 7 Personal: enter 2. If 8 Blind: If y if both are 9 Senior: If 0 Dependen	e can claim you (or your spouse/RDF 8, line 9, and line 10: Multiply the amo If you checked box 1, 3, or 4 above, you checked the box on line 6, see in ou (or your spouse/RDP) are visually a visually impaired, enter 2 you (or your spouse/RDP) are 65 or ts: Do not include yourself or your spo	o) as a dependent, check the box here. See unt you enter in the box by the pre-printed denter 1 in the box. If you checked box 2 or instructions.  impaired, enter 1;  older, enter 1; if both are 65 or older, enter use/RDP.  Dependent 2	inst	or that line.  X \$114  X \$114	= •\$ = •\$ = •\$	
►F	First Name	e can claim you (or your spouse/RDF 8, line 9, and line 10: Multiply the amo If you checked box 1, 3, or 4 above, you checked the box on line 6, see in ou (or your spouse/RDP) are visually visually impaired, enter 2 you (or your spouse/RDP) are 65 or ts: Do not include yourself or your spo Dependent 1	o) as a dependent, check the box here. See unt you enter in the box by the pre-printed denter 1 in the box. If you checked box 2 or estructions.  impaired, enter 1;  older, enter 1; if both are 65 or older, enter use/RDP.  Dependent 2	inst	or that line.  X \$114  X \$114	= •\$ = •\$ = •\$	
►F	5 If someon or line 7, line 7 Personal: enter 2. If 8 Blind: If y if both are 9 Senior: If 0 Dependen First Name Last Name SSN Dependent's	e can claim you (or your spouse/RDF 8, line 9, and line 10: Multiply the amo If you checked box 1, 3, or 4 above, you checked the box on line 6, see in ou (or your spouse/RDP) are visually o visually impaired, enter 2 you (or your spouse/RDP) are 65 or ts: Do not Include yourself or your spo  Dependent 1	o) as a dependent, check the box here. See unt you enter in the box by the pre-printed denter 1 in the box. If you checked box 2 or instructions.  Impaired, enter 1;  older, enter 1; if both are 65 or older, enter use/RDP.  Dependent 2	inst	or that line.  X \$114  X \$114	= •\$ = •\$ = •\$	
<b>▶</b> F	5 If someon or line 7, line 7 Personal: enter 2. If 8 Blind: If y if both are 9 Senior: If Dependen First Name Last Name SSN Dependent's relationship to you	e can claim you (or your spouse/RDF 8, line 9, and line 10: Multiply the amount of you checked box 1, 3, or 4 above, you checked the box on line 6, see in ou (or your spouse/RDP) are visually ovisually impaired, enter 2	o) as a dependent, check the box here. See unt you enter in the box by the pre-printed denter 1 in the box. If you checked box 2 or astructions.  Impaired, enter 1;  older, enter 1; if both are 65 or older, enter use/RDP.  Dependent 2	inst	or that line.    X \$114     X \$114     X \$114	= •\$	
<b>▶</b> F	5 If someon or line 7, line 7 Personal: enter 2. If 8 Blind: If y if both are 9 Senior: If Dependen First Name Last Name SSN Dependent's relationship to you	e can claim you (or your spouse/RDF 8, line 9, and line 10: Multiply the amo If you checked box 1, 3, or 4 above, you checked the box on line 6, see in ou (or your spouse/RDP) are visually a visually impaired, enter 2 you (or your spouse/RDP) are 65 or ts: Do not Include yourself or your spo  Dependent 1  O  O  O  O  O  O  O  O  O  O  O  O  O	o) as a dependent, check the box here. See unt you enter in the box by the pre-printed denter 1 in the box. If you checked box 2 or instructions.  I impaired, enter 1;  older, enter 1; if both are 65 or older, enter use/RDP.  Dependent 2	inst	or that line.  X \$114  X \$114	= •\$	
▶ F	5 If someon or line 7, line 7 Personal: enter 2. If 8 Blind: If y if both are 9 Senior: If 0 Dependen First Name Last Name SSN Dependent's relationship to you otal depende	e can claim you (or your spouse/RDF 8, line 9, and line 10: Multiply the amo If you checked box 1, 3, or 4 above, you checked the box on line 6, see in ou (or your spouse/RDP) are visually visually impaired, enter 2 you (or your spouse/RDP) are 65 or ts: Do not include yourself or your spo  Dependent 1  O  O  nt exemptions n amount: Add line 7 through line 10	o) as a dependent, check the box here. See unt you enter in the box by the pre-printed denter 1 in the box. If you checked box 2 or astructions.  Impaired, enter 1;  older, enter 1; if both are 65 or older, enter use/RDP.  Dependent 2	inst	or that line.    X \$114	= •\$	114
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5 If someon or line 7, line 7 Personal: enter 2. If 8 Blind: If y if both are 9 Senior: If 0 Dependen First Name Last Name SSN Dependents relationship to you otal depended 1 Exemption 2 Total Calif 3 Enter fede	e can claim you (or your spouse/RDF 8, line 9, and line 10: Multiply the amo If you checked box 1, 3, or 4 above, you checked the box on line 6, see in ou (or your spouse/RDP) are visually visually impaired, enter 2 you (or your spouse/RDP) are 65 or ts: Do not include yourself or your spo Dependent 1  on amount: Add line 7 through line 10 ornia wages from your Form(s) W-2, aral AGI from Form 1040, line 37; 104	older, enter 1; if both are 65 or older, enter 2  Dependent 2	inst	or that line.    X \$114	= •\$	114
► Fi	5 If someon or line 7, line 7 Personal: enter 2. If 8 Blind: If y if both are 9 Senior: If 0 Dependen First Name Last Name SSN Dependent's relationship to you otal depende 1 Exemptio 2 Total Calif 8 Enter fede or 1040Ni	e can claim you (or your spouse/RDF  8, line 9, and line 10: Multiply the amo  If you checked box 1, 3, or 4 above, you checked the box on line 6, see in ou (or your spouse/RDP) are visually visually impaired, enter 2  you (or your spouse/RDP) are 65 or ts: Do not include yourself or your spo  Dependent 1   ont exemptions  n amount: Add line 7 through line 10 ornia wages from your Form(s) W-2, and AGI from Form 1040, line 37; 104  R-EZ, line 10	o) as a dependent, check the box here. See unt you enter in the box by the pre-printed denter 1 in the box. If you checked box 2 or instructions.  Impaired, enter 1;  older, enter 1; if both are 65 or older, enter use/RDP.  Dependent 2   box 16	inst	I X \$114  X \$114  X \$114  X \$114  X \$114	= •\$	11

18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), line 44; OR

Income Adjustment Schedule	A	В	С	D	E
Section B — Adjustments to income	Federal Amounts (taxable amounts from your federal tax return)		Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
22 b Enter totals from Side 1, line 22a, col. A through col. E	<b>o</b> 25,000		<b>33,500</b>	<b>58,500</b>	<b>50,250</b>
23 Educator expenses	•	•			
government officials	<u> </u>	<u>⊚</u> ⊚	0	<u> </u>	<u> </u>
26 Moving expenses	<b>⊙</b> ⊙	•		<ul><li>•</li></ul>	•
27 Deductible part of self-employment tax 27	*			-	0
28 Self-employed SEP, SIMPLE, and	<b>⊙</b>			0	
qualified plans	<u> </u>			0	<u>⊚</u> ⊙
30 Penalty on early withdrawal of savings 30	<u>⊚</u> ⊚			⊚ ⊙	0
31aAllmony pald. b Enter recipient's:	•			•	
Last name  . 31a	<b>⊙</b>		<b>⊙</b>	<b>⊙</b>	•
32 IRA deduction	<b>⊙</b>			<ul><li>•</li></ul>	<b>⊙</b>
33 Student loan Interest deduction			•	<ul><li>•</li></ul>	•
34 Reserved	1				2
35 Domestic production activities deduction .35	•	<ul><li>•</li></ul>			
36 Add line 23 through line 35 in each column, A through E	•	<ul><li></li></ul>	•	•	•
37 Total. Subtract line 36 from line 22b in each		0 0	33,500	<ul><li>58,500</li></ul>	<b>⊙</b> 50,250
Part III Adjustments to Federal Itemized Dedu			00,500	30,300	30,230
38 Federal Itemized Deductions. Enter the amount		le A (Form 1040), line	s 4, 9, 15, 19, 20, 27,	and 28	7
(or Schedule A (Form 1040NR), Ilnes 1, 5, 6, 13				38	2,521
39 Enter total of federal Schedule A (Form 1040), I				@ 20	2,446
or General Sales Tax), and line 8 (foreign taxes 40 Subtract line 39 from line 38	unity) (or Scriedule A (	FOITH TO40NR), IIIIe T	). See Ilistructions		
41 Other adjustments including California lottery ic	sses. See Instructions	s. Specify			
42 Combine line 40 and line 41.				12	75
43 Is your federal AGI (Long Form 540NR, line 13 Single or married/RDP filling separate Head of household Married/RDP filling jointly or qualifying No. Transfer the amount on line 42 to line 43.	Ŋ	\$187,2 \$280,8	03 08		
Yes. Complete the Itemized Deductions Worksh	eet in the instructions	for Schedule CA (540	INR) line 43	♠ 43	75
44 Enter the larger of the amount on line 43 or yo					
Part IV California Taxable Income					
45 California AGI. Enter your California AGI from I					50,250
46 Enter your deductions from line 44			@ 46	4,236	
47 Deduction Percentage. Divide line 37, column to four places. If the result is greater than 1.00	E by line 37, column D	). Carry the decimal	@ 47 I	0.8590	
48 California Itemized/Standard Deductions, Mul					3,639
49 California Taxable Income. Subtract line 48 fro				ess than	16.611
zero, enter -0-				• 49	46,611

	017		nresident or Part-Yea ome Tax Return	Long Form	50	540NI	R
Fisca	l year file	rs only: Enter month o	f year end: month year		ere if this is an	AMENDED return	1.
1,0	SANDY	<i>I</i>	itial Last name EGGO	Suffix Suffix	Your SSN or IT 1 2 3 4 Spouse's/RDP	15 6789	A. R
Additio	nal informatio	n (See instructions)			P	BA code	ДÞ
Street		ber and street) or PO box	-1-1-1-1-1-1-1-1-1-1-1-1	Apt.	no./ste. no. P	MB/private mailbox	
City (If	you have a fo	CEAN DRIVE	ns)	Stat			
oreig	SAN D		Foreign province/	/state/county		gn postal code	
Status Name B	If you filed Your prior Your prior Sing Man Man If your C	your 2016 tax return under r name le ried/RDP filing jointly. See ried/RDP filing separately. alifornia filing status is di one can claim you (or you	4 Head of ho e inst. 5 Qualifying Enter spouse's/RDP's SSN or ITIN fferent from your federal filing statu r spouse/RDP) as a dependent, chec	name only from the 2016 tax ret use's/RDP's prior name ousehold (with qualifying perso widow(er) with dependent chi above and full name here us, check the box here	on). See instructi ld. Enter year sp	ouse/RDP died	
19	<ul> <li>Persona enter 2.</li> <li>Blind: If if both a</li> <li>Senior:</li> </ul>	I: If you checked box 1, 3 If you checked the box on you (or your spouse/RDF re visually impaired, enter If you (or your spouse/RD	OP) are 65 or older, enter 1; if both a	ou checked box 2 or 5, • 7	X \$114 =	= <b>⊙</b> \$	114
19	<ul> <li>Persona enter 2.</li> <li>Blind: If if both a</li> <li>Senior:</li> </ul>	I: If you checked box 1, 3 If you checked the box on you (or your spouse/RDF re visually impaired, enter If you (or your spouse/RD nts: Do not include yourse	or 4 above, enter 1 in the box. If you line 6, see instructions  P) are visually impaired, enter 1;  P) are 65 or older, enter 1; if both a lift or your spouse/RDP.	ou checked box 2 or 5,	X \$114 = X \$114 = X \$114 = X \$114 =	= •\$ = •\$ = •\$	31
19	<ul> <li>Persona enter 2.</li> <li>Blind: If if both a</li> <li>Senior:</li> </ul>	I: If you checked box 1, 3 If you checked the box on you (or your spouse/RDF re visually impaired, enter If you (or your spouse/RD nts: Do not Include yourse Depend	or 4 above, enter 1 in the box. If you line 6, see instructions	ou checked box 2 or 5,	X \$114 = X \$114 = X \$114 =	= <b>⊙</b> \$	70
19	7 Persona enter 2. 8 Blind: If if both a 9 Senior: 0 Depende	I: If you checked box 1, 3 If you checked the box on you (or your spouse/RDF re visually impaired, enter If you (or your spouse/RD nts: Do not Include yourse Depende	or 4 above, enter 1 in the box. If you line 6, see instructions  P) are visually impaired, enter 1;  P) are 65 or older, enter 1; if both a lift or your spouse/RDP.	ou checked box 2 or 5,	X \$114 = X \$114 = X \$114 = X \$114 =	= •\$ = •\$ = •\$	31
19	7 Persona enter 2. 8 Blind: If if both a 9 Senior: 10 Depende First Name Last Name	I: If you checked box 1, 3 If you checked the box on you (or your spouse/RDF re visually impaired, enter If you (or your spouse/RD ints: Do not Include yourse  Depend	or 4 above, enter 1 in the box. If you line 6, see instructions?) are visually impaired, enter 1; if 2	ou checked box 2 or 5,	X \$114 = X \$114 = X \$114 =	= •\$ = •\$ = •\$	70
19	7 Persona enter 2. 8 Blind: If if both a 9 Senior: 0 Depende First Name	I: If you checked box 1, 3 If you checked the box on you (or your spouse/RDF re visually impaired, enter If you (or your spouse/RD ints: Do not Include yourse  Depend	o, or 4 above, enter 1 in the box. If you line 6, see instructions	ou checked box 2 or 5,	X \$114 = X \$114 = X \$114 =	= •\$ = •\$ = •\$	31
exemptions	7 Persona enter 2. 8 Blind: If if both a 9 Senior: 0 Depende First Name Last Name SSN Dependen relationsh to you	I: If you checked box 1, 3 If you checked the box on you (or your spouse/RDF re visually impaired, enter If you (or your spouse/RD nts: Do not Include yourse  Depend	o, or 4 above, enter 1 in the box. If you line 6, see instructions	ou checked box 2 or 5,	■ X \$114 = ■ X \$114 = ■ X \$114 = ■ X \$114 =	= ●\$	114
cxemptions	7 Persona enter 2. 8 Blind: If if both a 9 Senior: 0 Depende First Name Last Name SSN Dependenterelationsh to you fotal depend	I: If you checked box 1, 3 If you checked the box on you (or your spouse/RDF re visually impaired, enter If you (or your spouse/RD ints: Do not Include yourse  Depender  Property  It is a second or spouse in the property i	or 4 above, enter 1 in the box. If you line 6, see instructions	ou checked box 2 or 5,	X \$114 =  X \$114 =  X \$114 =  X \$114 =	= ●\$	70
Exemptions 1	7 Persona enter 2. 8 Blind: If if both a 9 Senior: 10 Depende First Name Last Name SSN Depender relationsh to you  Total depend 1 Exempti 2 Total Cal 3 Enter fed	I: If you checked box 1, 3 If you checked the box on you (or your spouse/RDF re visually impaired, enter If you (or your spouse/RD ints: Do not Include yourse  Depender  On amount: Add line 7 the ifornia wages from your F leral AGI from Form 1040	or 4 above, enter 1 in the box. If you line 6, see instructions	ou checked box 2 or 5,	X \$114 =	● \$	114
emos a transfer of the second	7 Persona enter 2. 8 Blind: If if both a 9 Senior: I 0 Depende First Name Last Name SSN Depender relationsh to you  fotal depend 11 Exempti 2 Total Cal 3 Enter fed or 10401	I: If you checked box 1, 3 If you checked the box on you (or your spouse/RDF re visually impaired, enter If you (or your spouse/RD nts: Do not Include yourse  Depend  On amount: Add line 7 thr ifornia wages from your F Ideral AGI from Form 1040 NR-EZ, line 10	or 4 above, enter 1 in the box. If you line 6, see instructions	ou checked box 2 or 5,		● \$	114
Exemptions	7 Persona enter 2. 8 Blind: If if both a 9 Senior:   0 Depende First Name Last Name SSN Dependente   1 Exempti 2 Total Cal 3 Enter fed or 10407 4 California	I: If you checked box 1, 3 If you checked the box on you (or your spouse/RDF re visually impaired, enter If you (or your spouse/RD mts: Do not Include yourse  Depend  On amount: Add line 7 the ifornia wages from your F leral AGI from Form 1040 NR-EZ, line 10	or 4 above, enter 1 in the box. If you line 6, see instructions	ou checked box 2 or 5,		●\$	114
able income	7 Persona enter 2. 8 Blind: If if both a 9 Senior: I 0 Depende  First Name Last Name SSN  Dependente io you  fotal depend 1 Exempti 2 Total Cal 3 Enter fed or 1040? 4 Californi 5 Subtract	I: If you checked box 1, 3 If you checked the box on you (or your spouse/RDF re visually impaired, enter If you (or your spouse/RD nts: Do not Include yourse  Depend  Depend  On amount: Add line 7 thr ifornia wages from your F Ideral AGI from Form 1040 NR-EZ, line 10	or 4 above, enter 1 in the box. If you line 6, see instructions	ou checked box 2 or 5,	■ X \$114 =  ■ X \$1353 =  ■ 30,000 00  ■ 13  ■ B • 14  ■ 15	●\$	114
laxable income	7 Persona enter 2. 8 Blind: If if both a 9 Senior: I 0 Depende First Name Last Name SSN Dependen relationsh to you  fotal depend 1 Exempti 2 Total Cal 3 Enter fed or 1040? 4 Californi 5 Subtract 6 Californi	I: If you checked box 1, 3 If you checked the box on you (or your spouse/RDF re visually impaired, enter If you (or your spouse/RD mts: Do not Include yourse  Depend  On amount: Add line 7 the If you (or your spouse/RD  On amount: Add line 7 the	or 4 above, enter 1 in the box. If you line 6, see instructions	ou checked box 2 or 5,	■ X \$114 =  ■ X \$353 =  ■ 30,000 00  ■ 13  ■ B • 14  ■ 15	●\$	1114
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Income Adjustment Schedule	A	В	С	D	E		
Section B — Adjustments to income	Federal Amounts (taxable amounts from your federal tax return)		Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)		
22 b Enter totals from Side 1, line 22a, col. A through col. E	<b>25,000</b>	<ul><li>0</li></ul>	<b>33,500</b>	<b>58,500</b>	<b>50,250</b>		
23 Educator expenses	<ul><li>O</li></ul>	<ul><li></li></ul>					
24 Certain business expenses of reservists, performing artists, and fee-basis			0		- 17		
government officials	<b>⊙</b>	<b>⊙</b>	•	<b>o</b>	<b>⊙</b>		
25 Health savings account deduction 25	<b>⊙</b>	•	511				
26 Moving expenses	<b>⊙</b>			<ul><li>•</li></ul>	<ul><li>•</li></ul>		
27 Deductible part of self-employment tax 27	<b>⊙</b>			<b>⊙</b>	<b>⊙</b>		
28 Self-employed SEP, SIMPLE, and qualified plans	•			•	•		
29 Self-employed health insurance deduction 29	•			<u> </u>	•		
30 Penalty on early withdrawal of savings30	<ul><li></li></ul>		Ì	õ	<u> </u>		
31aAlimony paid. b Enter recipient's:							
Last name 🕘	<b>⊙</b>		⊚	⊚	<b>⊙</b>		
32 IRA deduction	<b>⊙</b>			<b>o</b>	<b>⊙</b>		
33 Student loan Interest deduction	<b>⊙</b>		•	<b>⊙</b>	<u> </u>		
34 Reserved							
35 Domestic production activities deduction . 35	•	•			ji.		
36 Add line 23 through line 35 in each column, A through E		•	•	•	•		
37 Total. Subtract line 36 from line 22b in each	30.0						
column, A through E. See Instructions 37	<b>25,000</b>	<b>⊙</b> 0	33,500	58,500	<b>6</b> 50,250		
Part III Adjustments to Federal Itemized Dedu 38 Federal Itemized Deductions. Enter the amoun		lo A /Form 1040) line	e 4 0 15 10 20 27	and 20			
(or Schedule A (Form 1040NR), lines 1, 5, 6, 13					2,521		
39 Enter total of federal Schedule A (Form 1040), I	ine 5 (State Disability	Insurance, and state a	nd local Income tax,		377		
or General Sales Tax), and line 8 (foreign taxes	only) (or Schedule A (	Form 1040NR), line 1	). See Instructions				
40 Subtract line 39 from line 38	voces. Can instructions	Charles		0 40			
The state of the s							
43 Is your federal AGI (Long Form 540NR, line 13) more than the amount shown below for your filing status?  Single or married/RDP filing separately							
Yes. Complete the Itemized Deductions Workst 44 Enter the larger of the amount on line 43 or yo				the state of the s			
· · · · · · · · · · · · · · · · · · ·	ur standaru deductio	II. See Histrictions		44	4,230		
Part IV California Taxable Income  45 California AGI. Enter your California AGI from I	Ino 27 column E			• 45	50,250		
46 Enter your deductions from line 44				4,236	00,200		
47 Deduction Percentage. Divide line 37, column	E by line 37, column D	). Carry the decimal					
to four places. If the result is greater than 1.00	00, enter 1.0000. If les	ss than zero, enter -0-	47	0.8590	2 (20		
48 California Itemized/Standard Deductions. Mul 49 California Taxable Income. Subtract line 48 fro					3,639		
zero, enter -0			그들은 사이 없었다면 하나 없이 하다 하나 없다.		46,611		

TAXABLE YEAR	California Nonresident or Part-Year				
2017	Resident Income Tax Return	Long			

Long Form

540NR

Fisca	al y	ear filers only: E	nter month	of y	ear end: month	year 2018.	Check	here it	this is	an AMENDE	D return.	
Your fir				Initial	Last name	Su	uffix	Yo	ur SSN o			1
		EGGO Last name	Suffic				3 45 6789 S/RDPs SSN or ITIN					
ii joini	·ux	return, spouse simbris	III ST HAITIE	House	Lastrane	00	arrox.	3	Jouage arm	LIF P SOIV OF TH		
Additio	onal	information (See instru	ctions)	-						PBA code	F	3b
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		DIEGO				AND THE RESERVE OF THE	11	CA	9210			
Foreig	n oo	ountry name			Foreign provin	ce/state/county			Fo	reign postal coo	ie	
Date of Birth	•	Your DOB (mm/dd/yy	yy) <u>10.5</u>	2 2	1987 pouse's/R	OP's DOB (mm/dd/yyyy)	نسأ		سنسا			
100	1	f you flied your 2016	tax return u	nder a	different last name, write the la	st name only from the 20	016 tax (	return.				
E	•	Your prior name			• S	ouse's/RDP's prior name	9		-226			
		22.4			8000							
rn 10		✓ Single		650		household (with qualif					0.000	
Filing		Married/RDP fil				ng widow(er) with depe		child. Er	nter year	spouse/RDP	died	
11-00					nter spouse's/RDP's SSN or IT rent from your federal filing st			10100000	F			-
		ii your Gainorna iiii	ny status is	unie	ent from your rederar ming st	atus, crieck the box field	в					
	6	If someone can clair	m you (or y	our s	oouse/RDP) as a dependent, c	heck the box here. See	inst		• 6			
SHO	9	8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2										
DE .				enden	7.1	Dependent 2		10 -		Dependent:	3	- 8
Exemptions		First Name			<b>⊙</b>			•				
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		to you						⊚				
- 1	Tota	al dependent exempt	ions				•1	0	X \$353	B= <b>©</b> \$		
-		Frametica amount	A 4 4 Cm		ab line 10						11	4
	11	Exemption amount:	Add line /	throu	All lille In		1	1		●\$	1	
_	_	THE RESERVE OF THE PARTY OF THE			m(s) W-2, box 16				000	<b>⊙</b> \$		
1	12	Total California wag	es from you	ır For	m(s) W-2, box 16	12_			000	-355		
1	12	Total California wag Enter federal AGI fro	es from you om Form 10	ır For 140, li	m(s) W-2, box 16		6;			00	5,000	00
1	12	Total California wag Enter federal AGI fro or 1040NR-EZ, line	es from you om Form 10 10	r For 140, li	m(s) W-2, box 16ne 37; 1040A, line 21; 1040EZ		6;	30,	⊚	13 2		00
1	12 13	Total California wag Enter federal AGI fro or 1040NR-EZ, line California adjustmer	es fr <mark>o</mark> m you om Form 10 10 nts – subtra	r For 140, li	m(s) W-2, box 16	• 12, line 4; 1040NR, line 3 dule CA (540NR), line 3	6; 37, colu	30,	⊚	13 2 14	5,000	00
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otal Taxable Income	12 13 14 15 16	Total California wage Enter federal AGI fro or 1040NR-EZ, line California adjustmer Subtract line 14 fror California adjustmer Adjusted gross inco	es from you om Form 10 10 nts – subtra m line 13. It nts – additio me from al	ur Form 140, li ections f less ons. E	m(s) W-2, box 16	tine 4; 1040NR, line 3 dule CA (540NR), line 3 arentheses. See instruct e CA (540NR), line 37,	6; 37, colu tions	30,	•	13 2 14 15 2 16 3	25,000 0 25,000	00
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otal Taxable Income	12 13 14 15 16 17	Total California wage Enter federal AGI fro or 1040NR-EZ, line California adjustmer Subtract line 14 from California adjustmer Adjusted gross inco Enter the larger of: Your California stan	es from you om Form 10 10ts – subtra m line 13. It nts – additio me from al Your Califor dard deduc	ur Form 140, li 140, li 1 less 1 less 1 sour 1 sour 1 sour	m(s) W-2, box 16	tine 4; 1040NR, line 3; dule CA (540NR), line 3; arentheses. See instructe CA (540NR), line 37, 16 dule CA (540NR), line 4	6; 37, colu tions column 44; <b>0R</b>	30,		13 2 14 15 2 16 3 17 5	5,000 0 5,000 3,500	00

Inc	ome Adjustment Schedule	A	В	C	D	E
Sei	ction B — Adjustments to Income	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
22	b Enter totals from Side 1, line 22a, col. A through col. E	<b>25,000</b>	0	<b>33,500</b>	<b>58,500</b>	<b>⊙</b> 50,250
	Educator expenses	0	<u> </u>	•	•	•
25	government officials	<b>⊙</b>	0		9	
	Moving expenses	0			•	•
	Deductible part of self-employment tax 27	<u> </u>			0	<u> </u>
	Self-employed SEP, SIMPLE, and	A- 40				
20	qualified plans	<u> </u>			0	<u> </u>
	Penalty on early withdrawal of savings30	<u>•</u>			0	<u>•</u>
318	Alimony paid. b Enter recipient's:  SSN	<u>•</u>		2	•	<u>●</u>
	Last name 🕘	<b>⊙</b>		⊙	<b>⊙</b>	⊙
32	IRA deduction	<b>⊙</b>			⊙	⊙
33	Student loan Interest deduction	<b>●</b>		⊚	<b>⊙</b>	<b>⊙</b>
	Reserved					
	Domestic production activities deduction . 35	<b>●</b>	•			1
	Add line 23 through line 35 in each column, A through E	•	•	•	•	•
37	Total. Subtract line 36 from line 22b in each column, A through E. See Instructions 37	<b>25,000</b>	<ul><li>0</li></ul>	<b>33,500</b>	<b>58,500</b>	<b>o</b> 50,250
Pa	rt III Adjustments to Federal Itemized Dedu	ctions	N 10 10 10 10 10 10 10 10 10 10 10 10 10		2001	(2) 2019
38	Federal Itemized Deductions. Enter the amoun			s 4, 9, 15, 19, 20, 27,		2.521
20	(or Schedule A (Form 1040NR), lines 1, 5, 6, 13 Enter total of federal Schedule A (Form 1040), I			and local income tay	38	2,521
39	or General Sales Tax), and line 8 (foreign taxes					2,446
40	Subtract line 39 from line 38					
41	Other adjustments including California lottery ic					
42	Combine line 40 and line 41				• 42	75
43	Is your federal AGI (Long Form 540NR, line 13 Single or married/RDP filling separate			MENOS 3 (1) 70 10 10 10 10 10 10 10 10 10 10 10 10 10		
	Head of household					
	Married/RDP filing jointly or qualifying	widow(er)	\$374,4	11		
	No. Transfer the amount on line 42 to line 43.				0	
	Yes. Complete the itemized Deductions Worksh Enter the larger of the amount on line 43 or yo					
-		ur standaru deduction	ii. See ilistrucuulis			4,230
777	rt IV California Taxable Income	Inc 27 column E				50,250
45 46	California AGI. Enter your California AGI from I Enter your deductions from line 44				4,236	30,230
47	Deduction Percentage. Divide line 37, column to four places. If the result is greater than 1.00	E by line 37, column D	). Carry the decimal	- F		
48	California Itemized/Standard Deductions. Mul	tiply line 46 by the per	centage on line 47		48	3,639
49		m ilne 45. Transfer th	is amount to Long For	rm 540NR, line 35. If I		46,611
	zero, enter -0-				• 49	40,011

TA	KABLE	YEAR	California	a Nonreside	ent or Part-Ye	ar		8	-	FORM	_
	### Tone   Passage   Pass	540NR									
Fis	cal	ear filers	s only: Enter n	nonth of year end	: month ye	ar 2018.	heck here	if this	is an AMEN	DED return.	
You			A CONTRACTOR OF THE PARTY OF TH			Suff	ix			7.0.0 A	
fioi			use's/RDP's first no			Suff	ix				
							Check here if this is an AMENDED return.				
2017  Fiscal year fill four first name SAND figinit tax return, s  Additional informat  Street address (nu 1122 O  City (If you have a SAN D Foreign country no  If your pri  Your pri  Your pri  For line 7, i 7 Person enter 2 8 Blind: if both 9 Senior 10 Depend  First Na Last Na SSN Depend relation to you  Total deper 11 Exemp  12 Total C 13 Enter fi or 104 14 Califor 15 Subtra 16 Califor 16 Califor	information	(See instructions)						PHA code			
Fiscal year four first nam SAN figinit tax ret  Additional inf Street addres 112/ City (If you he SAN Foreign coun If y  For lim 7 Pe 8 Bi if 9 Sc 10 De 11 Es 12 To 13 Er or						Apt. no	/ste. no.	PMB/priva	te mailbox		
City	(If you	have a fore	eign address, see i			<del>* *** ** ** **</del>				540NR DED return. 7 8 9 Parin Apple mailbox ode  P died 114	
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atte of		Your DOB (	(mm/dd/yyyy)	05 22 19	8 7 • Spouse's/RDP	's DOB (mm/dd/yyyy)	تسالسا		0.00		
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		If your Ca	lifornia filing sta	itus is different from	n your federal filing statu	is, check the box here		224			
	6	If someon	ne can claim you	(or your spouse/RI	DP) as a dependent, che	ck the box here. See in	st		6		100
1	For	line 7. line	8 line 9 and line	e 10: Multiply the arr	nount you enter in the bo	x by the pre-printed dol	lar amount	for that	line. Whole	e dollars only	- 12
				3555		30 30 30				- 5	
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	8										
		if both are	visually impaire	ed, enter 2			. 💿 8	X \$	114 = 👀 \$_		
10						are 65 or older, enter 2	. • 9 🗀	1 X \$	114 = 👀 \$_		
1010	10	Dependen	ts: Do not Includ		pouse/RDP.					112	
din e		First Name		Dependent 1		Dependent 2	- 2		Depende	nt 3	- 3
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		O. W. S. S. S. S.					. • 10	_	ACTO 100 TO 100	11	14
do	11	Exemptio	n amount: Add I	line 7 through line 1	0		. • 10 . 11	X \$	<b>⊙</b> \$	11	14
157	11	Exemption Total Calif	n amount: Add l fornia wages from	line 7 through line 1 m your Form(s) W-2	0	12_	. • 10 11	X \$	<b>⊙</b> \$		14
E O	11	Exemption Total Calif Enter fede	n amount: Add I fornia wages from eral AGI from For	line 7 throu <mark>gh l</mark> ine 1 m your Form(s) W-2 rm 1040, line 37; 10	0	● 12_ ne 4; 1040NR, line 36;	. • 10 11	X \$	<b>⊚</b> \$		i i
E 00	11 12 13	Exemption Total California Enter fede or 1040NI California	n amount: Add I fornia wages from eral AGI from For R-EZ, line 10 adjustments – s	line 7 through line 1 m your Form(s) W- rm 1040, line 37; 10 subtractions. Enter t	0	● 12_ ne 4; 1040NR, line 36; ale CA (540NR), line 37	. •10 11	30,00	●\$	25,000 0	00
Fiscal four firm of the firm o	11 12 13 14 15	Total Calif Enter fede or 1040NI California Subtract li	n amount: Add I fornia wages from eral AGI from For R-EZ, line 10 adjustments – s ine 14 from line	line 7 through line 1 m your Form(s) W-: rm 1040, line 37; 10 subtractions. Enter t 13. If less than zero	0	● 12_ ne 4; 1040NR, line 36; ale CA (540NR), line 33; entheses. See instructi	. • 10 11 11 15 15 15 15 15 15 16 16 17 17 18 1	30,00	●\$	25,000 0 25,000	00
able Incom	11 12 13 14 15 16	Total Calif Enter fede or 1040NI California Subtract li California	n amount: Add I fornia wages from eral AGI from For R-EZ, line 10 adjustments – s ine 14 from line adjustments – a	line 7 through line 1 m your Form(s) W-1 rm 1040, line 37; 10 subtractions. Enter t 13. If less than zero additions. Enter the	0	■ 12_ ne 4; 1040NR, line 36; ale CA (540NR), line 37; antheses. See instructi CA (540NR), line 37, c	. • 10 11	30,00	●\$	25,000 0 25,000 33,500	00 00 00
able Incom	11 12 13 14 15 16 17	Exemption Total California Enter fede or 1040NI California Subtract Ii California Adjusted (	n amount: Add I fornia wages from eral AGI from For R-EZ, line 10 adjustments – s ine 14 from line adjustments – a gross income fro	ine 7 through line 1 m your Form(s) W-1 rm 1040, line 37; 10 subtractions. Enter t 13. If less than zero additions. Enter the som all sources. Corr	2, box 16	● 12_ ne 4; 1040NR, line 36; ale CA (540NR), line 33; antheses. See instructi CA (540NR), line 37, c	. •10 11	30,00	●\$	25,000 0 25,000 33,500	00 00 00
Additional Street as 1 1 2 1 2 1 3 3 3 6 6 7 7 8 8 9 10 10 11 12 13 13 14 15 16 17 18 18 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	11 12 13 14 15 16 17	Exemption Total Calif Enter fede or 1040Ni California Subtract li California Adjusted ( Enter the li	n amount: Add I fornia wages from eral AGI from For R-EZ, line 10 adjustments - s ine 14 from line adjustments - a gross income fro larger of: Your C	ine 7 through line 1 m your Form(s) W-1 rm 1040, line 37; 10 subtractions. Enter to 13. If less than zero additions. Enter the om all sources. Com California itemized of	2, box 16	● 12_ ne 4; 1040NR, line 36; ale CA (540NR), line 33; antheses. See instructi CA (540NR), line 37, c	. •10 11	30,00	●\$	25,000 0 25,000 33,500 58,500	00 00 00 00
able Incom	11 12 13 14 15 16 17 18	Exemption Total Calif Enter fede or 1040Ni California Subtract li California Adjusted ( Enter the l Your Calif	n amount: Add I fornia wages from eral AGI from For R-EZ, line 10 adjustments – s ine 14 from line adjustments – a gross income fro larger of: Your Cornia standard of	line 7 through line 1 m your Form(s) W- rm 1040, line 37; 10 subtractions. Enter t 13. If less than zero additions. Enter the om all sources. Com California itemized of deduction. See instr	2, box 16	■ 12_ ne 4; 1040NR, line 36; ale CA (540NR), line 35; entheses. See instructi CA (540NR), line 37, coule CA (540NR), line 44		30,00	●\$	25,000 0 25,000 33,500 58,500 4,236	00 00 00 00
able Incom	11 12 13 14 15 16 17 18	Exemption Total Calif Enter fede or 1040Ni California Subtract li California Adjusted ( Enter the l Your Calif	n amount: Add I fornia wages from eral AGI from For R-EZ, line 10 adjustments – s ine 14 from line adjustments – a gross income fro larger of: Your Cornia standard of	line 7 through line 1 m your Form(s) W- rm 1040, line 37; 10 subtractions. Enter t 13. If less than zero additions. Enter the om all sources. Com California itemized of deduction. See instr	2, box 16	■ 12_ ne 4; 1040NR, line 36; ale CA (540NR), line 35; entheses. See instructi CA (540NR), line 37, coule CA (540NR), line 44		30,00	●\$	25,000 0 25,000 33,500 58,500	00

## Page 85 Total Taxable Income \$54,264

2017 (	Cali	forni	a Ta	v Tal	М	e - Continued
2017	vall		a la	A Ia	u	Continued

rt Not	40-0						ing Status	2	Income	10	2000	ing Status	-
/ег	1 Or 3	2 Or 5	4 Is	At Least	But Not Over	1 Or 3 Is	2 Or 5 Is	4 Is	At Least	But Not Over	1 Or 3	2 Or 5	4 Is
10,550	1,342	676	676	47,451	47,550	1,858	956	956	54,451	54,550	2,425	1,236	1,320
10,650	1.348	680	680	47,551	47,650	1.866	960	960	54,551	54,650	2,434	1.240	1,326
10,750		684	684	47.651			964	964					1,330
10,850	1,360	688	688	47,751	47,850	1,882	968	968	54,751	54,850		1,248	1,338
10,950	1.366	692	692	47,851	47,950	1,890	972	972	54,851	54,950	2,462	1,252	1,344
11,050	1,372	696	696	47,951	48,050	1,898	976	976	54,951	55,050	2,472	1,256	1,350
11,150	1,378	700	700	48,051	48,150	1,906	980	980	55,051	55,150	2,481	1,260	1,356
11,250	1,384	704	704	48,151	48,250	1,914	984	984	55,151	55,250	2,490	1,264	1,362
11,350	1,390	708	708	48,251	48,350	1,922	988	988	55,251	55,350	2,499	1,268	1,368
11,450	1,396	712	712	48,351	48,450	1,930	992	992	55,351	55,450	2,509	1,272	1,374
11,550	1,402	716	716	48,451	48,550	1,938	996	996	55,451	55,550	2,518	1,276	1,380
11,650		720	720	48,551	48,650		1.000	1.000	55,551	55,650		1,280	1,386
11,750	1,414	724	724	48,651	48,750	1,954	1,004	1,004	55,651	55,750	2,537	1,284	1,392
11,850	1,420	728	728	48,751	48,850	1,962	1,008	1,008	55,751	55,850	2,546	1,288	1,398
11,950	1,426	732	732	48,851	48,950	1,970	1,012	1,012	55,851	55,950	2,555	1,292	1,404
	0,650 0,750 0,850 0,950 1,050 1,150 1,250 1,350 1,450 1,550 1,650 1,750 1,850	0,650 1,348 0,750 1,354 0,850 1,360 0,950 1,366 1,050 1,372 1,150 1,378 1,250 1,384 1,350 1,390 1,450 1,390 1,450 1,402 1,650 1,402 1,650 1,408 1,750 1,414 1,850 1,420 1,950 1,426	0,650 1,348 680 0,750 1,354 684 0,850 1,360 688 0,950 1,360 692 1,050 1,372 696 1,150 1,378 700 1,250 1,384 704 1,350 1,390 708 1,450 1,390 708 1,450 1,390 708 1,450 1,402 716 1,650 1,408 720 1,750 1,414 724 1,850 1,420 728 1,850 1,420 728 1,850 1,420 728	0,650 1,348 680 680 0,750 1,354 684 684 0,850 1,360 688 688 0,950 1,366 692 692 1,050 1,372 696 696 1,150 1,378 700 700 1,250 1,384 704 704 704 704 1,350 1,390 708 708 1,450 1,390 708 708 1,450 1,390 712 712 1,550 1,402 716 716 1,650 1,408 720 720 1,750 1,414 724 724 1,850 1,420 728 728 1,950 1,426 732 732	0,650 1,348 680 680 47,551 0,750 1,354 684 684 47,651 0,850 1,360 688 688 47,751 0,950 1,366 692 692 47,851 1,050 1,372 696 696 47,951 1,150 1,378 700 700 48,051 1,250 1,384 704 704 48,151 1,350 1,390 708 708 48,251 1,450 1,396 712 712 48,351 1,550 1,402 716 716 48,451 1,650 1,408 720 720 48,551 1,750 1,414 724 724 48,651 1,850 1,420 728 728 48,751 1,950 1,426 732 732 48,851	0,650 1,348 680 680 47,551 47,650 0,750 1,354 684 684 47,651 47,750 0,850 1,360 688 688 47,751 47,850 0,950 1,366 692 692 47,851 47,950 1,050 1,372 696 696 47,951 48,050 1,150 1,378 700 700 48,051 48,150 1,250 1,384 704 704 48,151 48,250 1,350 1,390 708 708 48,251 48,350 1,450 1,396 712 712 48,351 48,450 1,550 1,402 716 716 48,451 48,550 1,650 1,408 720 720 48,551 48,650 1,750 1,414 724 724 48,651 48,750 1,850 1,420 728 728 48,751 48,850 1,850 1,420 728 728 48,751 48,850 1,850 1,420 728 728 48,751 48,850 1,850 1,420 728 728 48,751 48,850	0,650         1,348         680         680         47,551         47,650         1,866           0,750         1,354         684         684         47,651         47,750         1,874           0,850         1,360         688         688         47,751         47,850         1,882           0,950         1,366         692         692         47,851         47,950         1,890           1,050         1,372         696         696         47,951         48,050         1,898           1,150         1,378         700         700         48,051         48,150         1,906           1,250         1,384         704         704         48,151         48,250         1,914           1,350         1,390         708         708         48,251         48,350         1,922           1,450         1,396         712         712         48,351         48,450         1,930           1,550         1,402         716         716         48,451         48,550         1,938           1,650         1,408         720         720         48,551         48,650         1,946           1,750         1,414         724 <t< td=""><td>0,650         1,348         680         680         47,551         47,650         1,866         960           0,750         1,354         684         684         47,651         47,750         1,874         964           0,850         1,360         688         688         47,751         47,850         1,882         968           0,950         1,366         692         692         47,851         47,950         1,890         972           1,050         1,372         696         696         47,951         48,050         1,898         976           1,150         1,378         700         700         48,051         48,150         1,906         980           1,250         1,384         704         704         48,151         48,250         1,914         984           1,350         1,390         708         708         48,251         48,350         1,922         988           1,450         1,396         712         712         48,351         48,450         1,930         992           1,550         1,402         716         716         48,451         48,550         1,938         996           1,650         1,408</td><td>0,650         1,348         680         680         47,551         47,650         1,866         960         960           0,750         1,354         684         684         47,651         47,750         1,874         964         964           0,850         1,360         688         688         47,751         47,850         1,882         968         968           0,950         1,366         692         692         47,851         47,950         1,892         972         972           1,050         1,372         696         696         47,951         48,050         1,898         976         976           1,150         1,378         700         700         48,051         48,150         1,906         980         980           1,250         1,384         704         704         48,151         48,250         1,914         984         984           1,350         1,390         708         708         48,251         48,350         1,922         988         988           1,450         1,396         712         712         48,351         48,450         1,938         996         992           1,650         1,402         &lt;</td><td>0,650         1,348         680         680         47,551         47,650         1,866         960         960         54,551           0,750         1,354         684         684         47,651         47,750         1,874         964         964         54,651           0,850         1,360         688         688         47,751         47,850         1,882         968         968         54,751           0,950         1,366         692         692         47,851         47,950         1,898         976         972         54,851           1,050         1,372         696         696         47,951         48,050         1,898         976         976         54,951           1,150         1,378         700         700         48,051         48,150         1,906         980         980         55,051           1,250         1,384         704         704         48,151         48,250         1,914         984         984         55,251           1,350         1,390         708         708         48,251         48,350         1,922         988         988         55,251           1,450         1,396         712         712&lt;</td><td>0,650         1,348         680         680         47,551         47,650         1,866         960         960         54,551         54,650           0,750         1,354         684         684         47,651         47,750         1,874         964         964         54,651         54,750           0,850         1,360         688         688         47,751         47,850         1,882         968         968         54,751         54,850           0,950         1,366         692         692         47,851         47,950         1,890         972         972         54,851         54,950           1,050         1,372         696         696         47,951         48,050         1,898         976         976         54,951         55,050           1,150         1,378         700         700         48,051         48,150         1,906         980         980         55,051         55,150           1,250         1,384         704         704         48,151         48,250         1,914         984         984         55,151         55,250           1,350         1,396         712         712         48,351         48,450         1,930</td><td>0,650         1,348         680         680         47,551         47,650         1,866         960         960         54,551         54,650         2,434           0,750         1,354         684         684         47,651         47,750         1,874         964         964         54,651         54,750         2,444           0,850         1,360         688         688         47,751         47,850         1,882         968         968         54,751         54,850         2,452           0,950         1,366         692         692         47,851         47,950         1,890         972         972         54,851         54,950         2,462           1,050         1,372         696         696         47,951         48,050         1,898         976         976         54,951         55,050         2,472           1,150         1,378         700         700         48,051         48,150         1,906         980         980         55,051         55,150         2,481           1,250         1,384         704         704         48,151         48,250         1,914         984         984         55,151         55,250         2,499      <tr< td=""><td>0,650</td></tr<></td></t<>	0,650         1,348         680         680         47,551         47,650         1,866         960           0,750         1,354         684         684         47,651         47,750         1,874         964           0,850         1,360         688         688         47,751         47,850         1,882         968           0,950         1,366         692         692         47,851         47,950         1,890         972           1,050         1,372         696         696         47,951         48,050         1,898         976           1,150         1,378         700         700         48,051         48,150         1,906         980           1,250         1,384         704         704         48,151         48,250         1,914         984           1,350         1,390         708         708         48,251         48,350         1,922         988           1,450         1,396         712         712         48,351         48,450         1,930         992           1,550         1,402         716         716         48,451         48,550         1,938         996           1,650         1,408	0,650         1,348         680         680         47,551         47,650         1,866         960         960           0,750         1,354         684         684         47,651         47,750         1,874         964         964           0,850         1,360         688         688         47,751         47,850         1,882         968         968           0,950         1,366         692         692         47,851         47,950         1,892         972         972           1,050         1,372         696         696         47,951         48,050         1,898         976         976           1,150         1,378         700         700         48,051         48,150         1,906         980         980           1,250         1,384         704         704         48,151         48,250         1,914         984         984           1,350         1,390         708         708         48,251         48,350         1,922         988         988           1,450         1,396         712         712         48,351         48,450         1,938         996         992           1,650         1,402         <	0,650         1,348         680         680         47,551         47,650         1,866         960         960         54,551           0,750         1,354         684         684         47,651         47,750         1,874         964         964         54,651           0,850         1,360         688         688         47,751         47,850         1,882         968         968         54,751           0,950         1,366         692         692         47,851         47,950         1,898         976         972         54,851           1,050         1,372         696         696         47,951         48,050         1,898         976         976         54,951           1,150         1,378         700         700         48,051         48,150         1,906         980         980         55,051           1,250         1,384         704         704         48,151         48,250         1,914         984         984         55,251           1,350         1,390         708         708         48,251         48,350         1,922         988         988         55,251           1,450         1,396         712         712<	0,650         1,348         680         680         47,551         47,650         1,866         960         960         54,551         54,650           0,750         1,354         684         684         47,651         47,750         1,874         964         964         54,651         54,750           0,850         1,360         688         688         47,751         47,850         1,882         968         968         54,751         54,850           0,950         1,366         692         692         47,851         47,950         1,890         972         972         54,851         54,950           1,050         1,372         696         696         47,951         48,050         1,898         976         976         54,951         55,050           1,150         1,378         700         700         48,051         48,150         1,906         980         980         55,051         55,150           1,250         1,384         704         704         48,151         48,250         1,914         984         984         55,151         55,250           1,350         1,396         712         712         48,351         48,450         1,930	0,650         1,348         680         680         47,551         47,650         1,866         960         960         54,551         54,650         2,434           0,750         1,354         684         684         47,651         47,750         1,874         964         964         54,651         54,750         2,444           0,850         1,360         688         688         47,751         47,850         1,882         968         968         54,751         54,850         2,452           0,950         1,366         692         692         47,851         47,950         1,890         972         972         54,851         54,950         2,462           1,050         1,372         696         696         47,951         48,050         1,898         976         976         54,951         55,050         2,472           1,150         1,378         700         700         48,051         48,150         1,906         980         980         55,051         55,150         2,481           1,250         1,384         704         704         48,151         48,250         1,914         984         984         55,151         55,250         2,499 <tr< td=""><td>0,650</td></tr<>	0,650

- 4	0,001	40,400	1,770	016	016	00,001	00,400	2,000	1,102	1,204	00,001	00,400	2,014	1,916	1,074
4	6,451	46,550	1,778	916	916	53,451	53,550	2,338	1,196	1,260	60,451	60,550	2,983	1,476	1,680
4	6,551	46,650	1,786	920	920	53,551	53,650	2,346	1,200	1,266	60,551	60,650	2,992	1,480	1,686
4	6,651	46,750	1,794	924	924	53,651	53,750	2,354	1,204	1,272	60,651	60,750	3,002	1,484	1,692
4	6,751	46,850	1,802	928	928	53,751	53,850	2,362	1,208	1,278	60,751	60,850	3,011	1,488	1,698
4	6,851	46,950	1,810	932	932	53,851	53,950	2,370	1,212	1,284	60,851	60,950	3,020	1,492	1,704
4	6,951	47,050	1,818	936	936	53,951	54,050	2,379	1,216	1,290	60,951	61,050	3,030	1,496	1,710
4	7,051	47,150	1,826	940	940	54,051	54,150	2,388	1,220	1,296	61,051	61,150	3,039	1,500	1,716
4	7,151	47,250	1,834	944	944	54,151	54,250	2 397	1,224	1,302	61,151	61,250	3,048	1,504	1,722
4	7,251	47,350	1,842	948	948	54,251	54,350	2,406	1,228	1,308	61,251	61,350	3,057	1,508	1,728
4	7,351	47,450	1,850	952	952	54,351	54,450	2,416	1,232	1,314	61,351	61,450	3,067	1,512	1,734
55		And the second				7 17 11		The second second	10000-0	200000	100000		Contin	ued on ne	xt nage

540NR Tax Booklet 2017 Page 85

	ECCO		1 2 2 4	5 6 7 9 0	
Your name:	<b>EGGO</b>	Your SSN or ITIN:	1 4 3 4	30/09	

2							
	31	Tax. Check the box if from: ▼ Tax Table ☐ Tax Rate Schedule	● ☐ FTB 3800	● □FTB 3803	31	2,406	0
	32	CA adjusted gross income from Schedule CA (540NR), Part IV, Ii	ne 45 • 32_		00		-
0	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 49 .			• 35		(
Special Credits CA Taxable Income	36	CA Tax Rate. Divide line 31 by line 19		. ⊙ 36			- 51
	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36			( 37		
CILVR	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more to	than 1, enter 1.0000	. ① 38			
ž.	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the	amount on line 13	is more than			
5		\$187,203, see instructions.					
		CA Regular Tax Before Credits. Subtract line 39 from line 37. If le					
		Tax. See instructions. Check the box if from:   Schedule G					
	42	Add line 40 and line 41			• 42		
	50	Nonrefundable Child and Dependent Care Expenses Credit. See in	nstructions. Attach	form FTB 3506	• 50		- 3
	51	Credit for joint custody head of household. See instructions	51		00		
	52	Credit for dependent parent. See instructions	52		00		
	53	Credit for senior head of household. See instructions	53		00		
es Special Oredits	54	Credit percentage. Enter the amount from line 38 here.	0				
	55	If more than 1, enter 1.0000. See instructions			• 55		
		Enter credit name		and amount			_
		Enter credit name					
		To claim more than two credits. See instructions					- 7
		Nonrefundable renter's credit. See instructions.					
					2000		-
		Add line 50 and line 55 through 61. These are your total credits .  Subtract line 62 from line 42. If less than zero, enter -0			1000000		
-	03	Subtract line oz from line 42. Il less than zero, enter 101			03		
	71	Alternative minimum tax. Attach Schedule P (540NR)			• 71		
	72	Mental Health Services Tax. See instructions			• 72		7
	73	Other taxes and credit recapture. See instructions			• 73		- 7
	74	Add line 63, line 71, line 72, and line 73. This is your total tax			• 74		
- 5	91	California income tax withheld. See instructions		9-09-04 Table W-98-20000-0-040	• 81		
	82	2017 CA estimated tax and other payments. See instructions	***********		■ 82		
	83						
		Excess SDI (or VPDI) withheld. See instructions.					- 3
		Earned Income Tax Credit (EITC)					ě
		Add lines 81 through 85. These are your total payments. See inst					
	40.	0	1: 00		@ /21		
Due		Overpaid tax. If line 96 is more than line 74, subtract line 74 from			101		
BX D		2 Amount of line 101 you want applied to your 2018 estimated tax					
SEK		Overpaid tax available this year. Subtract line 102 from line 101.			- Part		
- Post	104	Tax due. If line 86 is less than line 74, subtract line 86 from line	74		104		

Inc	ome Adjustment Schedule	A	В	С	D	E
	tion B — Adjustments to income	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
22	b Enter totals from Side 1, line 22a, col. A through col. E	<b>25,000</b>	<b>⊙</b> 0	<b>33,500</b>	<b>58,500</b>	<b>o</b> 50,250
	Educator expenses	<ul><li>●</li><li>●</li></ul>	<u> </u>	•	•	•
25	Health savings account deduction 25	<u> </u>	<u> </u>			
9303	Moving expenses	<ul><li></li></ul>			•	•
	Deductible part of self-employment tax 27 Self-employed SEP, SIMPLE, and	<u>•</u>			•	<b>⊙</b>
	qualified plans	●			●	●
29	Self-employed health Insurance deduction 29	<b>⊙</b>			•	<b>●</b>
	Penalty on early withdrawal of savings30  Alimony paid. b Enter recipient's:  SSN	•			•	•
				•		•
32	IRA deduction	<ul><li>•</li></ul>			<ul><li>•</li></ul>	<ul><li>•</li></ul>
33	Student loan Interest deduction	<ul><li></li></ul>		•	<ul><li></li></ul>	<ul><li>•</li></ul>
34	Reserved34		1			
35	Domestic production activities deduction . 35	•	<ul><li>•</li></ul>			
36	Add line 23 through line 35 in each column,					
27	A through E	⊚	<b>⊙</b>	•	<b>⊙</b>	<b>⊙</b>
0,		<b>25,000</b>	<b>●</b> 0	<b>33,500</b>	<b>6</b> 58,500	<b>6</b> 50,250
	rt III Adjustments to Federal Itemized Dedu			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2000	
	Federal Itemized Deductions. Enter the amoun (or Schedule A (Form 1040NR), lines 1, 5, 6, 13	3, and 14)			and 28	2,521
39	Enter total of federal Schedule A (Form 1040), I or General Sales Tax), and line 8 (foreign taxes	ine 5 (State Disability	Insurance, and state a	and local income tax,	(A) 20	2,446
ΔN	Subtract line 39 from line 38				The second secon	
41	Other adjustments including California lottery ic	sses. See Instructions	s. Specify		💿 41	
42	Combine line 40 and line 41					
43	Is your federal AGI (Long Form 540NR, line 13 Single or married/RDP filling separate Head of household	Ŋ	\$187,2 \$280,8	03 08		
	Yes. Complete the Itemized Deductions Worksh	eet in the instructions	for Schedule CA (540	ONR), line 43	(3	75
44	Enter the larger of the amount on line 43 or yo	ur standard deductio	n. See Instructions	· · · · · · · · · · · · · · · · · · ·		4,236
Pa	rt IV California Taxable income					
45	California AGI. Enter your California AGI from I				4,236	50,250
46 47	Enter your deductions from line 44	E by line 37, column D	). Carry the decimal	4		
40	to four places. If the result is greater than 1.00 California itemized/Standard Deductions. Mul	uo, enter 1.0000. If les	ss trian zero, enter -0- contano on line 47			3,639
49	California Taxable Income. Subtract line 48 fro					0,00)
	zero, enter -0				• 49	46,611

Your name:	EGGO	Your SSN or ITIN:	123456789

			e • FTB 3800	<ul> <li>FTB 3803 .</li> </ul>		31	2,406	00
	32	CA adjusted gross income from Schedule CA (540NR), Part IV	/ line 45 32	50,250	00			- 11000
		CA Taxable Income from Schedule CA (540NR), Part IV, line 49			1000	35	46,611	00
mo mo		CA Tax Rate. Divide line 31 by line 19				2 / 15 / 16 / 16 / 16 / 16 / 16 / 16 / 16		0,000
ü		CA Tax Before Exemption Credits. Multiply line 35 by line 36		W. C.	6	37		00
-CD		CA Exemption Credit Percentage. Divide line 35 by line 19. If mor						- 00
347		CA Prorated Exemption Credits. Multiply line 11 by line 38. If t		A STATE OF THE PARTY OF THE PAR				7
CAT	99	\$187,203, see instructions.			6	39		00
-	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. It				40		00
		Tax. See instructions. Check the box if from:   Schedule						00
30	42	Add line 40 and line 41				42		00
8	50	Nonrefundable Child and Dependent Care Expenses Credit. See	e instructions. Attach f	orm FTB 3506		50		00
	51	Credit for joint custody head of household. See instructions	51_		00			
	52	Credit for dependent parent. See instructions	52		00			
	53	Credit for senior head of household. See instructions	53		00			
dits	54	Credit percentage. Enter the amount from line 38 here.  If more than 1, enter 1.0000. See instructions.	@ su					
Credits		Credit amount. See instructions.		•		EE		00
Φ.		Enter credit name	code •	and amount				00
		Enter credit name	code •	and amount				00
		To claim more than two credits. See instructions						00
		Nonrefundable renter's credit. See instructions			33000 W	61		00
		Add line 50 and line 55 through 61. These are your total credit						00
	63	Subtract line 62 from line 42. If less than zero, enter -0			⊚	63		00
52	71	Alternative minimum tax. Attach Schedule P (540NR)				71		00
Тахез	72	Mental Health Services Tax. See instructions				72		00
9	73	Other taxes and credit recapture. See instructions				73		00
õ	74	Add line 63, line 71, line 72, and line 73. This is your total tax.			•	74		00
<del>82</del> 3	04	California income tax withheld. See instructions				81		00
973		2017 CA estimated tax and other payments. See instructions						00
34	83	Withholding (Form 592-B and/or 593). See instructions						00
Pay		Excess SDI (or VPDI) withheld. See instructions.						00
		Earned Income Tax Credit (EITC)				85		00
- 33 - 225	86	Add lines 81 through 85. These are your total payments. See in	nstructions		💿	86		00
p	101	Overpaid tax. If line 86 is more than line 74, subtract line 74 fr	rom line 86			101		00
DBI XX	102	Amount of line 101 you want applied to your 2018 estimated to	tax			102		00
Over ex/Ta	103	Overpaid tax available this year. Subtract line 102 from line 10	)1			103		00
OB		Tax due. If line 86 is less than line 74, subtract line 86 from lin				- days		00

22							- 2
	31	Tax. Check the box if from:   ▼ Tax Table   Tax Rate Schedule	● ☐ FTB 3800	● □FTB 3803	31	2,406	00
	32	CA adjusted gross income fro	5 32_	50,250	0		
0	35	CA Taxable Income from Sche 2,406/54,264			. • 35	46,611	00
100	36	CA Tax Rate. Divide line 31 by line 19		<b>● 36</b> 0 0 4 4	4		A.
Ĕ	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36			. @ 37		00
able	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more t	han 1, enter 1.0000	. ● 38			
Taxable Income	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the	amount on line 13	is more than			1
S		\$187,203, see instructions.			. ① 39		00
		CA Regular Tax Before Credits. Subtract line 39 from line 37. If le					00
		Tax. See instructions. Check the box if from:   Schedule G  Add line 40 and line 41.		7UA	41		00
gt - S	42	Add line 40 and line 41			- 42		00
	50	Nonrefundable Child and Dependent Care Expenses Credit. See in	structions. Attach	form FTB 3506	. • 50		00
	51	Credit for joint custody head of household. See instructions	51	0	0		
	52	Credit for dependent parent. See instructions	52	0	0		
	53	Credit for senior head of household. See instructions	53	0	0		
atts	54	Credit percentage. Enter the amount from line 38 here.	0.51				
Credits	55	If more than 1, enter 1.0000. See instructions			. • 55		00
丽		Enter credit name	code •	and amount	• 58		00
Special		Enter credit name	code •	and amount			00
47		To claim more than two credits. See instructions.			• 60		00
		Nonrefundable renter's credit. See instructions.			• 61		00
		Add line 50 and line 55 through 61. These are your total credits .			40.7		00
		Subtract line 62 from line 42. If less than zero, enter -0			63		00
*		Allegation of the Allegation Colored Discussion					loo
XIBS.		Alternative minimum tax. Attach Schedule P (540NR)					00
T B		Mental Health Services Tax. See instructions.					00
Other Taxes		Other taxes and credit recapture. See instructions.					00
0	14	Add line 63, line 71, line 72, and line 73. This is your total tax			. • 74		100
100	81	California income tax withheld. See instructions			. • 81		00
in	82	2017 CA estimated tax and other payments. See instructions			. • 82		00
erit	83	Withholding (Form 592-B and/or 593). See instructions					00
Payments		Excess SDI (or VPDI) withheld. See instructions					00
4		Earned Income Tax Credit (EITC)					00
	86	Add lines 81 through 85. These are your total payments. See inst	ructions		● 86		00
p	101	Overpaid tax. If line 96 is more than line 74, subtract line 74 from	n line 96		. 101		00
meld ax Du		Amount of line 101 you want applied to your 2018 estimated tax			. • 102		00
Very		Overpaid tax available this year. Subtract line 102 from line 101.			10 m		00
OR		Tax due. If line 86 is less than line 74, subtract line 86 from line					00
202	104	Tax due. If the out is less than life 74, adultate life ou from life					00

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	31	Tax. Check the box if from: 🗸 Tax Table 🔲 Tax Rate Scheduk	e • 🗆 FTB 3800	● □FTB 3803 .	31	2,406	00
	32	CA adjusted gross income from Schedule CA (540NR), Part IV,	line 45 • 32_	50,250	00		
0	35	CA Taxable Income from	11		• 35	46,611	00
000	36	CA Tax Rate. Divide line 3 \$46,611 * .04	44	36 0 0 4	4 4		-
ŭ.	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36			① 37	2,070	00
Taxable Incom	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If mor	e than 1, enter 1.0000	. ⊚ 38			
	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If t	he amount on line 13	is more than			-1
S		\$187,203, see instructions.			and the second s		00
		CA Regular Tax Before Credits. Subtract line 39 from line 37. If			1.77		00
		Tax. See instructions. Check the box if from:   Check the box if from:   Check the box if from:   Schedule					00
31	42	Add line 40 and line 41					100
	50	Nonrefundable Child and Dependent Care Expenses Credit. See	instructions. Attach	form FTB 3506	• 50		00
		Credit for joint custody head of household. See instructions	10		00		
		Credit for dependent parent. See instructions			00		
	53	Credit for senior head of household. See instructions	53_		00		
Credits	54	Credit percentage. Enter the amount from line 38 here.  If more than 1, enter 1.0000. See instructions	💿 54				4
間で	55	Credit amount. See instructions			• 55		00
Special	58	Enter credit name	code •	and amount	• 58		00
Sp	59	Enter credit name	code •	and amount	• 59		00
	60	To claim more than two credits. See instructions			• 60		00
	61	Nonrefundable renter's credit. See instructions			• 61		00
	62	Add line 50 and line 55 through 61. These are your total credits	S		1 62		00
	63	Subtract line 62 from line 42. If less than zero, enter -0			<u>• 63</u>		00
100	71	Alternative minimum tax. Attach Schedule P (540NR)			• 71		00
BXE	72	Mental Health Services Tax. See instructions			• 72		00
herTaxes	73	Other taxes and credit recapture. See instructions			• 73		00
ő	74	Add line 63, line 71, line 72, and line 73. This is your total tax.			• 74		00
£ .	81	California income tax withheld. See instructions			• 81		00
10		2017 CA estimated tax and other payments. See instructions		200000000000000000000000000000000000000	• 82		00
Britis		Withholding (Form 592-B and/or 593). See instructions					00
Payment		Excess SDI (or VPDI) withheld. See instructions					00
de .		Earned Income Tax Credit (EITC)					00
		Add lines 81 through 85. These are your total payments. See in					00
0	101	Overpaid tax. If line 86 is more than line 74, subtract line 74 fr	rom line 86		101		00
rpeid ax Du		Amount of line 101 you want applied to your 2018 estimated t			7 8 7 9 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		00
TEL		Overpaid tax available this year. Subtract line 102 from line 10					00
~ 36	-		ne 74				-

-						_
	31	Tax. Check the box if from:   ▼ Tax Table   Tax Rate Schedu	le • 🗆 FTB 3800	● □FTB 3803● 31_	2,406	00
	32	CA adjusted gross income from Schedule CA (540NR), Part IV	/, line 45 32_	50,250 00		
0	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 4	9	• 35	46,611	00
m00	36	CA Tax Rate. Divide lin		<b>.</b> 36 0 0 4 4 4		A.
Ē	37	CA Tax Before Exempt 46,611 / 54,264	4		2,070	00
able	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If mo	re than 1, enter 1.0000.	© 38 0 8 5 9 0		0.7570
Taxable Income	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If	the amount on line 13	is more than		i i
5		\$187,203, see instructions.		• 39_		00
		CA Regular Tax Before Credits. Subtract line 39 from line 37.				00
		Tax. See instructions. Check the box if from:    Schedul				00
30	42	Add line 40 and line 41		• 42_		00
	50	Nonrefundable Child and Dependent Care Expenses Credit. Se	e instructions. Attach t	form FTB 3506 • <b>50</b>		00
	51	Credit for joint custody head of household. See instructions	51_	00		
	52	Credit for dependent parent. See instructions	52	00		
	53	Credit for senior head of household. See instructions	53	00		
alts	54	Credit percentage. Enter the amount from line 38 here.  If more than 1, enter 1.0000. See instructions	0			
Special Credits		Credit amount. See instructions.		• 55		00
70						00
bed		Enter credit name  Enter credit name	code •	and amount ● 58_ and amount ● 59		
co			code •	30		00
	60			• 60		00
	61			• 61_		00
		Add line 50 and line 55 through 61. These are your total credi		[ ] : [ [ ] : [ [ ] : [		00
	63	Subtract line 62 from line 42. If less than zero, enter -0				00
(5)	71	Alternative minimum tax. Attach Schedule P (540NR)		• 71		00
OtherTaxes	72	Mental Health Services Tax. See instructions		• 72		00
10	73	Other taxes and credit recapture. See instructions		• 73		00
5	74	Add line 63, line 71, line 72, and line 73. This is your total tax.		• 74		00
100	04	California income tax withheld. See instructions		• 81		00
		2017 CA estimated tax and other payments. See instructions.				00
발		Withholding (Form 592-B and/or 593). See instructions				00
Pay ments		Excess SDI (or VPDI) withheld. See instructions.				
Pary		Earned Income Tax Credit (ETTC)				00
				_		00
<u></u>	80	Add lines 81 through 85. These are your total payments. See i	INSTRUCTIONS	🗶 80		00
p g	101	Overpaid tax. If line 86 is more than line 74, subtract line 74 to	rom line 86			00
TO SI	102	Amount of line 101 you want applied to your 2018 estimated	tax	• 102_		00
Overpai avTax D	103	Overpaid tax available this year. Subtract line 102 from line 10	01	103		00
- 80	104	Tax due. If line 86 is less than line 74, subtract line 86 from li	ne 74	104		00

	Tax. Check the box if from:   Tax Table ☐ Tax Rate Schedu	ule • 🗆 FTB 3800	● □FTB 3803	31	2,406	00
32				The second second		100
	CA adjusted gross income from Schedule CA (540NR), Part 1	V, line 45 32_	50,250	0		-
35	CA Taxable Income from Schedule CA (540NR), Part IV, line 4	49		. • 35	46,611	00
36	CA Tax Rate. Divide line 31 by line 19		36 0 0 4 4	4		-
37	CA Tax Before Exemption Credits C 1 1 4 * OF	00		. @ 37	2,070	00
38	CA Exemption Credit Percentage. [ \$114 7 .83	90 enter 1.0000.	38 0 8 5 9	0		
39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If	the amount on line 13 i	s more than			1
	\$187,203, see instructions.			· @ 39	98	00
						00
						00
42	Add line 40 and line 41			<b>• 42</b>		00
50	Nonrefundable Child and Dependent Care Expenses Credit. S	ee instructions. Attach fo	orm FTB 3506	. • 50		00
	The state of the s		- 1			38 (9)
	17 D	10	0	0		
			0	0		
54				<del>.</del>		
		🧿 54				1
55	Credit amount. See instructions			. • 55		00
58		code •	and amount	. • 58		00
59	Enter credit name	code •	and amount	. • 59		00
60	To claim more than two credits. See instructions			. • 60		00
61	Nonrefundable renter's credit. See instructions			. • 61		00
62	Add line 50 and line 55 through 61. These are your total cred	its		. @ 62		00
63	Subtract line 62 from line 42. If less than zero, enter -0			. • 63		00
71	Alternative minimum tax. Attach Schedule P (540NR)			. • 71		00
						00
				. • 73		00
				. • 74		00
190000	CONTRACTOR OF THE PROPERTY OF			20000		
300				. • 81		00
						00
	T. 37					00
						00
						00
86	Add lines 81 through 85. These are your total payments. See	instructions		● 86		00
101	Overpaid tax. If line 96 is more than line 74, subtract line 74	from line 96		. 101		00
				. • 102		00
				45000		00
103	Overpaid tax available this year. Subtract line 102 from line 1	01		. • 103		100
	36 37 38 39 40 41 42 50 51 52 53 54 55 60 61 62 63 71 72 73 74 81 82 83 84 85 86	CA Tax Rate. Divide line 31 by line 19  CA Tax Before Exemption Credits CA Exemption Credit Percentage. I \$114 * .85  CA Exemption Credit Percentage. I \$114 * .85  CA Exemption Credit Percentage. I \$114 * .85  CA Prorated Exemption Credits. Multiply line 11 by line 38. If \$187,203, see instructions.  CA Regular Tax Before Credits. Subtract line 39 from line 37.  Tax. See instructions. Check the box if from: • Schedu Add line 40 and line 41.  Nonrefundable Child and Dependent Care Expenses Credit. S Credit for joint custody head of household. See instructions.  Credit for dependent parent. See instructions.  Credit for senior head of household. See instructions.  Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions.  Credit amount. See instructions.  Credit amount. See instructions.  Nonrefundable renter's credit. See instructions.  Nonrefundable renter's credit. See instructions.  Add line 50 and line 55 through 61. These are your total cred Subtract line 62 from line 42. If less than zero, enter -0  Add line 63, line 71, line 72, and line 73. This is your total tax Mental Health Services Tax. See instructions.  California income tax withheld. See instructions.  California income Tax Credit (EITC).  Add lines 81 through 85. These are your total payments. See  California tax. If line 86 is more than line 74, subtract line 74.  California tax. If line 86 is more than line 74, subtract line 74.	CA Tax Rate. Divide line 31 by line 19 CA Tax Before Exemption Credits CA Exemption Credit Percentage.  \$114 * .8590  CA Prorated Exemption Credits S187,203, see instructions.  CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter 1 Tax. See instructions. Check the box if from:  CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter 1 Tax. See instructions. Check the box if from:  Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach for 1 Credit for joint custody head of household. See instructions.  Nonrefundable Child and Dependent Care Expenses Credit. See instructions.  Credit for dependent parent. See instructions.  51 Credit for senior head of household. See instructions.  52 Credit for senior head of household. See instructions.  53 Credit amount. See instructions.  54 Credit amount. See instructions.  55 Credit amount. See instructions.  56 Credit amount. See instructions.  57 Credit amount. See instructions.  58 Enter credit name  59 Enter credit name  59 Enter credit name  50 To claim more than two credits. See instructions.  60 Add line 50 and line 55 through 61. These are your total credits.  61 Alternative minimum tax. Attach Schedule P (540NR).  71 Alternative minimum tax. Attach Schedule P (540NR).  72 Mental Health Services Tax. See instructions.  73 Other taxes and credit recapture. See instructions.  74 Add line 63, line 71, line 72, and line 73. This is your total tax.  85 California income tax withheld. See instructions.  86 Excess SDI (or VPDI) withheld. See instructions.  87 See instructions.  88 Excess SDI (or VPDI) withheld. See instructions.  89 Excess SDI (or VPDI) withheld. See instructions.  80 Withholding (Form 592-B and/or 593). See instructions.  81 California income Tax Credit (EITC).  82 Add lines 81 through 85. These are your total payments. See instructions.	CA Tax Rate. Divide line 31 by line 19  CA Tax Before Exemption Credits  \$114 * .8590  anter +.0000.  38 0 8 5 9  CA Exemption Credit Percentage.  \$114 * .8590  anter +.0000.  38 0 8 5 9  CA Exemption Credits Percentage.  \$114 * .8590  A Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$187,203, see instructions.  Check the box if from:  ■ Schedule G-1 ■ FTB 5870A  CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-  11 Tax. See instructions.  Check the box if from:  ■ Schedule G-1 ■ FTB 5870A  Add line 40 and line 41	36 CA Tax Rate. Divide line 31 by line 19  37 CA Tax Before Exemption Credits \$114 * 8590 anter 10000  38 0 8 5 9 0  38 CA Exemption Credit Percentage. 39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$187,203, see instructions. 40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- 40 41 Tax. See instructions. Check the box if from:	36 CA Tax Rate. Divide line 31 by line 19  37 CA Tax Before Exemption Credits 37 CA Tax Before Exemption Credits 38 CA Forasted Exemption Credits 39 CA Forasted Exemption Credits 31 L4 * .8590 37 2,070 38 CA Porasted Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than 5187,203, see instructions. 39 98 40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- 40 CA Tax. See instructions. Check the box if from: 40 CA destinated tax. 41 Tax. See instructions. Check the box if from: 40 CA destinated tax. 42 Add line 40 and line 41. 43 CREDIT Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- 40 CA Tax. See instructions. Check the box if from: 40 CREDIT Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- 40 CREDIT Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- 40 CREDIT Tax Before Credits. Subtract line 39 from line 39. If less than zero, enter -0- 50 Credit for ipint custody head of household. See instructions. 51 Credit for joint custody head of household. See instructions. 52 Credit for serior head of household. See instructions. 53 Credit for serior head of household. See instructions. 54 Credit precentage. Enter the amount from line 38 here. 55 Credit amount. See instructions. 55 Credit amount. See instructions. 56 Enter credit name 57 Credit amount. See instructions. 58 Enter credit name 59 Enter credit name 50 To claim more than two credits. See instructions. 50 Credit amount. See instructions. 50 Credit amount. See instructions. 50 Credit amount. 51 Credit for serior head of household. See instructions. 52 Credit amount. 53 Credit for serior head of household. See instructions. 54 Enter credit name 55 Credit amount. 56 Enter credit amount. 57 Credit amount. 58 Enter credit name 59 Enter cred

				100
Your name:	EGGO	Your SSN or ITIN:	123456789	

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	31	Tax. Check the box if from: 🗸 Tax Table 🔲 Tax Rate Schedu	ule • 🗆 FTB 3800	● □FTB 3803	31	2,406	00
	32	CA adjusted gross income from Schedule CA (540NR), Part I	V, line 45 • 32_	50,250	00		-
0	35	CA Taxable Income from Schedule CA (540NR), Part IV, line	49		• 35	46,611	00
Taxable Income	36	CA Tax Rate. Divide line 31 by line 19		36 0 0 4	4 4 4		
Ĭ.	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36.			@ 37	2,070	00
abk	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If me	ore than 1, enter 1.0000.	38 0 8 5	5 9 0		
Tax	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If	the amount on line 13 is	s more than			1
5		\$187,203, see instructions.			💿 39_	98	00
		CA Regular Tax Before Credits. Subtract line 39 from line 37.	5 4 5 4			1,972	00
		Tax. See instructions. Check the box if from: Schedu			41	1.072	00
200	42	Add line 40 and line 41	98		• 42	1,972	00
	50	Nonrefundable Child and Dependent Care Expenses Credit. S	ee instructions. Attach fo	orm FTB 3506	• 50_		00
	51	Credit for joint custody head of household. See instructions.	51		00		
	52	Credit for dependent parent. See instructions	52		00		
	53	Credit for senior head of household. See instructions	53		00		
12	54	Credit percentage. Enter the amount from line 38 here.					
Credits		If more than 1, enter 1.0000. See instructions					1
0	55	Credit amount. See instructions			• 55_		00
Special	58	Enter credit name	code •	and amount	• 58_		00
S	59	Enter credit name	code •	and amount	• 59_		00
	60	To claim more than two credits. See instructions			• 60_		00
	61	Nonrefundable renter's credit. See instructions			• 61_		00
	62	Add line 50 and line 55 through 61. These are your total cred	its		💿 62_		00
	63	Subtract line 62 from line 42. If less than zero, enter -0			💿 63_		00
10	71	Alternative minimum tax. Attach Schedule P (540NR)			• 71		00
3308		Mental Health Services Tax. See instructions			_		00
OtherTaxes		Other taxes and credit recapture. See instructions					00
8		Add line 63, line 71, line 72, and line 73. This is your total tax			The same of the sa		00
	(5.5%)				thresholder hard		28000
	81	California income tax withheld. See instructions			• 81_		00
un.	82	2017 CA estimated tax and other payments. See instructions.			• 82	î	00
erit		Withholding (Form 592-B and/or 593). See instructions					00
Payments	84	Excess SDI (or VPDI) withheld. See instructions			• 84	4	00
200		Earned Income Tax Credit (EITC)					00
		Add lines 81 through 85. These are your total payments. See			_		00
_		21600 FA 5000			2000		147) } -374
PA	101	Overpaid tax. If line 86 is more than line 74, subtract line 74	from line 86		101		00
TOBI	102	Amount of line 101 you want applied to your 2018 estimated	i tax		• 102_		00
Overpai DX/Tax D	103	Overpaid tax available this year. Subtract line 102 from line 1	01		• 103_		00
- 00	404	Tax due. If line 86 is less than line 74, subtract line 86 from I			104		00

32 CA adjusted gross income from Schedule CA (s40NR), Part IV, line 49	You	гпап	ne: EGGO Your	SSN or ITIN: 12345	6789		
32 CA adjusted gross income from Schedule CA (540NR), Part IV, line 49.		31	Tax Check the box if from:   ✓ Tax Table   Tax Ratio	e Schedule • ☐ FTR 3800	● □FTR 3803 ● 31	2,406	00
35 CA Taxable Income from Schedule CA (s40NR), Part IV, line 49						,	100
36 CA Tax Rate. Divide line 31 by line 19					5007	46,611	00
\$187,203, see instructions.  40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-  41 Tax. See instructions. Check the box if from:  52 Credit and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506.  53 Credit for joint custody head of household. See instructions.  54 Credit for senior head of household. See instructions.  55 Credit for senior head of household. See instructions.  56 Credit for senior head of household. See instructions.  57 Credit for senior head of household. See instructions.  58 Enter credit name  59 Enter credit name  50 Code  50 Inter credit name  50 Enter credit name  51 Ottoria name name nand namount  52 Enter credit name  53 Unional name name name name	nme					10,011	100
\$187,203, see instructions.  40	noc					2.070	nn
\$ 187,203, see instructions.  40	90		그런 수사님이 많은 한 살이 되는 것이 하면 하는 것은 것이 아니라 그 사람이 되었다. 그는 사람이 아니라 하는 것이 없는 것이 없는 것이 없는 것이다.			2,070	100
\$ 187,203, see instructions.	SK B						-
40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If lass than zero, enter -0.	A	39				98	00
42 Add line 40 and line 41.  42 1,972 00  50 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506 50  51 Credit for joint custody head of household. See instructions. 51 00  52 Credit for dependent parent. See instructions. 52 00  53 Credit for senior head of household. See instructions. 53 00  54 Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions. 54 00  55 Credit amount. See instructions. 55 00  56 Tredit name 00 00 00  57 Enter credit name 00 00 00 00  58 Enter credit name 00 00 00 00 00 00 00 00 00 00 00 00 00	0	40			-0 • 40	1,972	00
50 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506    51 Credit for joint custody head of household. See instructions.    52 Credit for dependent parent. See instructions.    53 Credit for senior head of household. See instructions.    54 See instructions.    55 Credit are than 1, enter 1,0000. See instructions.    56 Credit amount. See instructions.    57 Credit amount. See instructions.    58 Enter credit name    59 Code    60 To claim more than two credits. See instructions.    60 To claim more than two credits. See instructions.    61 Nonrefundable renter's credit. See instructions.    62 Add line 50 and line 55 through 61. These are you at credits    63 Subtract line 62 from line 42. If less than zero, enter    64 Subtract line 62 from line 42. If less than zero, enter    65 Subtract line 63, line 71, line 72, and line 73. This is you    71 Alternative minimum tax. Attach Schedule P (540NR)    72 Mental Health Services Tax. See instructions.    73 Other taxes and credit recapture. See instructions.    74 Add line 63, line 71, line 72, and line 73. This is you    81 California income tax withheld. See instructions.    82 2017 CA estimated tax and other payments. See ins    83 Withholding (Form 592-8 and/or 593). See instructions.    84 Excess SDI (or VPDI) withheld. See instructions.    85 Earned Income Tax Credit (EITC)    86 Add lines 81 through 85. These are your total payments. See instructions.    86 Out    87 Out    88 Out    89 Out    80 Out    80 Out    81 Out    81 Out    82 Out    83 Out    84 Excess SDI (or VPDI) withheld. See instructions.    85 Earned Income Tax Credit (EITC)    86 Add lines 81 through 85. These are your total payments. See instructions.    86 Out    87 Out    88 Out    89 Out    80 Out    80 Out    81 Out    81 Out    81 Out    82 Out    83 Out    84 Out    85 Out    85 Out    86 Out    87 Out    88 Out    89 Out    80 Out    81 Out    81 Out    82 Out    83 Out    84 Out    85 Out    86 Out    87 Out    87 Out    88 Out    89		41	Tax. See instructions. Check the box if from:	Schedule G-1 • FTB 58	70A • 41	0	00
51 Credit for joint custody head of household. See instructions.  52 Credit for dependent parent. See instructions.  53 Credit for senior head of household. See instructions.  54 Credit for senior head of household. See instructions.  55 Credit percentage. Enter the amount from line 38 here.  18 If more than 1, enter 1.0000. See instructions.  56 Enter credit name  57 Credit amount. See instructions.  58 Enter credit name  59 Code  60 and amount.  58 OCC  61 To claim more than two credits. See instructions.  60 OCC  61 Nonrefundable renter's credit. See instructions.  61 OCC  62 Add line 50 and line 55 through 61. These are you at credits.  62 Add line 62 from line 42. If less than zero, enter  71 Alternative minimum tax. Attach Schedule P (540NR).  72 Mental Health Services Tax. See instructions.  73 Other taxes and credit recapture. See instructions.  74 Add line 63, line 71, line 72, and line 73. This is you  75 Credit amount.  81 California income tax withheld. See instructions.  82 2017 CA estimated tax and other payments. See instructions.  83 Withholding (Form 592-8 and/or 593). See instructions.  84 Excess SDI (or VPDI) withheld. See instructions.  85 Earned Income Tax Credit (EITC).  86 Add lines 81 through 85. These are your total payments. See instructions.  86 OCC  87 OCC  88 OCC  89 OCC  80 OCC  80 OCC  80 OCC  80 OCC  81 OCC  81 OCC  81 California income Tax Credit (EITC).  82 OCC  83 OCC  84 OCC  85 OCC  86 OCC  87 OCC  88 OCC  89 OCC  80 OCC  80 OCC  80 OCC  81 OCC  81 OCC  82 OCC  83 OCC  84 OCC  85 OCC  86 OCC  87 OCC  88 OCC  89 OCC  80 OCC  80 OCC  81 OCC  80 OCC  80 OCC  81 OCC  81 OCC  82 OCC  83 OCC  84 OCC  85 OCC  86 OCC  87 OCC  88 OCC  88 OCC  89 OCC  80 OCC  80 OCC  80 OCC  80 OCC  80 OCC  81 OCC  81 OCC  82 OCC  83 OCC  84 OCC  85 OCC  86 OCC  87 OCC  87 OCC  88 OCC  89 OCC  80 OCC  80 OCC  80 OCC  80 OCC  81 OCC  81 OCC  81 OCC  82 OCC  83 OCC  84 OCC  85 OCC  86 OCC  87 OCC  87 OCC  88 OCC  88 OCC  89 OCC  80		42	Add line 40 and line 41		• 42	1,972	00
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52 Credit for dependent parent. See instructions							100
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73 Other taxes and credit recapture. See instructions. 74 Add line 63, line 71, line 72, and line 73. This is you  85 California income tax withheld. See instructions. 86 California income tax withheld. See instructions. 87 See instructions. 88 Excess SDI (or VPDI) withheld. See instructions. 89 Excess SDI (or VPDI) withheld. See instructions. 80 Excess SDI (or VPDI) withheld. See instructions. 81 See instructions. 82 Occupance and AGI from all sources is \$40,078 or less if single or MFS. 84 Excess SDI (or VPDI) withheld. See instructions. 85 Earned Income Tax Credit (EITC). 86 Add lines 81 through 85. These are your total payments. See instructions. 86 Occupance and AGI from all sources is \$40,078 or less if single or MFS. 87 Occupance and AGI from all sources is \$40,078 or less if single or MFS. 88 Occupance and AGI from all sources is \$40,078 or less if single or MFS. 89 Occupance and AGI from all sources is \$40,078 or less if single or MFS. 80 Occupance and AGI from all sources is \$40,078 or less if single or MFS. 80 Occupance and AGI from all sources is \$40,078 or less if single or MFS. 80 Occupance and AGI from all sources is \$40,078 or less if single or MFS. 80 Occupance and AGI from all sources is \$40,078 or less if single or MFS. 81 Occupance and AGI from all sources is \$40,078 or less if single or MFS. 82 Occupance and AGI from all sources is \$40,078 or less if single or MFS. 84 Occupance and AGI from all sources is \$40,078 or less if single or MFS. 85 Occupance and AGI from all sources is \$40,078 or less if single or MFS. 86 Occupance and AGI from all sources is \$40,078 or less if single or MFS. 87 Occupance and AGI from all sources is \$40,078 or less if single or MFS. 88 Occupance and AGI from all sources is \$40,078 or less if single or MFS. 89 Occupance and AGI from all sources is \$40,078 or less if single or MFS. 80 Occupance and AGI from all sources is \$40,078 or less if single or MFS. 80 Occupance and AGI from all sources is \$40,078 or less if single or MFS. 80 Occupance and AGI from all sources	BXB				• 72		00
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81 California income tax withheld. See instructions 82 2017 CA estimated tax and other payments. See ins 83 Withholding (Form 592-B and/or 593). See instructions 84 Excess SDI (or VPDI) withheld. See instructions 85 Earned Income Tax Credit (EITC) 86 Add lines 81 through 85. These are your total payments. See instructions 87 Interest Credit. 88 Eligible if resident for six months or more and AGI from all sources is \$40,078 or less if single or MFS 89 Withholding (Form 592-B and/or 593). See instructions 80 Withholding (Form 592-B and/or 593). See instructions 81 Occurrence and AGI from all sources is \$40,078 or less if single or MFS 82 Occurrence and AGI from all sources is \$40,078 or less if single or MFS 85 Occurrence and AGI from all sources is \$40,078 or less if single or MFS 86 Occurrence and AGI from all sources is \$40,078 or less if single or MFS 87 Occurrence and AGI from all sources is \$40,078 or less if single or MFS 88 Occurrence and AGI from all sources is \$40,078 or less if single or MFS 89 Occurrence and AGI from all sources is \$40,078 or less if single or MFS 80 Occurrence and AGI from all sources is \$40,078 or less if single or MFS 81 Occurrence and AGI from all sources is \$40,078 or less if single or MFS 82 Occurrence and AGI from all sources is \$40,078 or less if single or MFS 85 Occurrence and AGI from all sources is \$40,078 or less if single or MFS 86 Occurrence and AGI from all sources is \$40,078 or less if single or MFS 87 Occurrence and AGI from all sources is \$40,078 or less if single or MFS 88 Occurrence and AGI from all sources is \$40,078 or less if single or MFS 89 Occurrence and AGI from all sources is \$40,078 or less if single or MFS 80 Occurrence and AGI from all sources is \$40,078 or less if single or MFS 81 Occurrence and AGI from all sources is \$40,078 or less if single or MFS 80 Occurrence and AGI from all sources is \$40,078 or less if single or MFS 81 Occurrence and AGI from all sources is \$40,078 or	5				not eligible for		00
82 2017 CA estimated tax and other payments. See ins 83 Withholding (Form 592-B and/or 593). See instructions. 84 Excess SDI (or VPDI) withheld. See instructions. 85 Earned Income Tax Credit (EITC). 86 Add lines 81 through 85. These are your total payments. See instructions. 86 Occupance of the second		(33)		the renter's Credit			2500
82 2017 CA estimated tax and other payments. See ins 83 Withholding (Form 592-B and/or 593). See instructions. 84 Excess SDI (or VPDI) withheld. See instructions. 85 Earned Income Tax Credit (EITC). 86 Add lines 81 through 85. These are your total payments. See instructions. 87 Earned Income Tax Credit (EITC). 88 Add lines 81 through 85. These are your total payments. See instructions. 89 Octavity and tax are seen as a second to the second tax and the second tax are seen and AGI from all sources is \$40,078 or less if single or MFS. 89 Octavity and tax are seen as a second tax are seen as a		81	California income tax withheld. See instructions	Flimible if we side whi	fan aire mantha 81		00
83 Withholding (Form 592-B and/or 593). See instructions. 84 Excess SDI (or VPDI) withheld. See instructions. 85 Earned Income Tax Credit (EITC). 86 Add lines 81 through 85. These are your total payments. See instructions. 86 OC SEE Instructions. 87 Earned Income Tax Credit (EITC). 88 Earned Income Tax Credit (EITC). 89 Earned Income Tax Credit (EITC). 80 Earned Income Tax Credit (EITC). 80 Earned Income Tax Credit (EITC). 81 Earned Income Tax Credit (EITC). 82 Earned Income Tax Credit (EITC). 83 Earned Income Tax Credit (EITC). 84 Excess SDI (or VPDI) withheld. See instructions. 85 Earned Income Tax Credit (EITC). 86 Earned Income Tax Credit (EITC). 87 Earned Income Tax Credit (EITC). 88 Earned Income Tax Credit (EITC). 89 Earned Income Tax Credit (EITC). 80 Earned Income Tax Credit (EITC). 80 Earned Income Tax Credit (EITC). 81 Earned Income Tax Credit (EITC). 82 Earned Income Tax Credit (EITC). 83 Earned Income Tax Credit (EITC). 84 Excess SDI (or VPDI) withheld. See instructions. 85 Earned Income Tax Credit (EITC). 86 Earned Income Tax Credit (EITC). 87 Earned Income Tax Credit (EITC). 88 Earned Income Tax Credit (EITC). 89 Earned Income Tax Credit (EITC). 80 Earned Income Tax Credit (EITC). 80 Earned Income Tax Credit (EITC). 80 Earned Income Tax Credit (EITC). 81 Earned Income Tax Credit (EITC). 81 Earned Income Tax Credit (EITC). 82 Earned Income Tax Credit (EITC). 83 Earned Income Tax Credit (EITC). 84 Excess SDI (or VPDI) withheld. See instructions. 85 Earned Income Tax Credit (EITC). 86 Earned Income Tax Credit (EITC). 87 Earned Income Tax Credit (EITC). 87 Earned Income Tax Credit (EITC). 88 Earned Income Tax Credit (EITC). 89 Earned Income Tax Credit (EITC). 80 Earned Income Tax Cr				_	וטו אוא וווטוונווט		-
85 Earned Income Tax Credit (ETIC)  86 Add lines 81 through 85. These are your total payments. See instructions.  86 000  87 101 Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86 000  88 000  89 000  80	분						
85 Earned Income Tax Credit (ETIC)  86 Add lines 81 through 85. These are your total payments. See instructions.  86 000  87 101 Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86 000  88 000  89 000  80	/ше		78V		ii ali sources is —		
86 Add lines 81 through 85. These are your total payments. See instructions.  101 Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86.  102 Amount of line 101 you want applied to your 2018 estimated tax.  103 Overpaid tax available this year. Subtract line 102 from line 101.  105 000	£.			\$40,078 or less if	Single of Ivil O.		
101 Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86				nts See instructions			
102 Amount of line 101 you want applied to your 2018 estimated tax.		00	Aud lines of through 65. These are your total payme	ina. dee manachona			- 00
102 Amount of line 101 you want applied to your 2018 estimated tax.	-	101	Overnaid tax If line 86 is more than line 74 subtrac	t line 74 from line 96	(i) 101		loo
103 Overpaid tax available this year. Subtract line 102 from line 101	DIBIO				N. 11 P. 12 P.		00
🕒 📑 전기들이 된 10 전기 시간 (1) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	TI BL						00
	0	2	집에 다른 생각들이 되었다. 하나를 하고 있는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없다.				00

Your	nam	e: EGGO y	our SSN or ITIN: 123456	789			
<del>!!</del>	31	Tax. Check the box if from:   Tax Table   Tax F	ate Schedule     It is a second contact   It i	● □FTB 3803	• 31	2,406	00
	32	CA adjusted gross income from Schedule CA (540	NR), Part IV, line 45 • 32_	50,250 00			
0	35	CA Taxable Income from Schedule CA (540NR), P.	art IV, line 49		• 35	46,611	00
Taxable Income	36	CA Tax Rate. Divide line 31 by line 19		36     0     0     4     4	4		-
Ĭ.		CA Tax Before Exemption Credits. Multiply line 35			37	2,070	. 00
abk	38	CA Exemption Credit Percentage. Divide line 35 by li	ne 19. If more than 1, enter 1.0000.	38     0     8     5     9	0		
Tig.	39	CA Prorated Exemption Credits. Multiply line 11 b	y line 38. If the amount on line 13 is	s more than			1
S					39	98	00
		CA Regular Tax Before Credits. Subtract line 39 fro				1,972	00
		Tax. See instructions. Check the box if from:				0	00
201 E	42	Add line 40 and line 41			• 42	1,972	00
3	50	Nonrefundable Child and Dependent Care Expense	s Credit. See instructions. Attach fo	orm FTB 3506	• 50		00
		Credit for joint custody head of household. See in:		00	_		
	52	Credit for dependent parent. See instructions	52	00			
		Credit for senior head of household. See instruction		00			
Special Credits	54	Credit percentage. Enter the amount from line 38 lift more than 1, enter 1.0000. See instructions	nere • 54				-
ŏ		Credit amount. See instructions			• 55		00
Till City	58	Enter credit name	code ●	and amount	• 58		00
Spe	59	Enter credit name	code •	and amount	• 59		00
		To claim more than two credits. See instructions.			• 60		00
		Nonrefundable renter's credit. See instructions			• 61		00
		Add line 50 and line 55 through 61. These are you			100	0	00
		Subtract line 62 from line 42. If less than zero, ent				1,972	00
55	71	Alternative minimum tax. Attach Schedule P (540)	VR)		• 71		00
Тахез	72	Mental Health Services Tax. See instructions			• 72		00
Tig.	73	Other taxes and credit recapture. See instructions.			• 73		00
ő	74	Add line 63, line 71, line 72, and line 73. This is yo	our total tax		• 74		00
82	81	California income tax withheld. See instructions	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		• 81		00
100		2017 CA estimated tax and other payments. See in					00
374		Withholding (Form 592-B and/or 593). See instruc					00
Payments		Excess SDI (or VPDI) withheld. See instructions.			• 84		00
P		Earned Income Tax Credit (EITC)			• 85		00
		Add lines 81 through 85. These are your total pays			<ul><li>86</li></ul>		00
0	101	Overpaid tax. If line 86 is more than line 74, subtr	act line 74 from line 86		<b>101</b>		00
		Amount of line 101 you want applied to your 2019			• 102		00
		Overpaid tax available this year. Subtract line 102			• 103		00
08		Tax due. If line 86 is less than line 74, subtract lin			104		00

Your name:	EGGO	Your SSN or ITIN:	123456789

	31	Tax. Check the box if from: Tax Table Tax Rate Sched	dule • 🗆 FTB 3800	● □FTB 3803 .	31	2,406	0
	32	CA adjusted gross income from Schedule CA (540NR), Part	IV, line 45 ● 32_	50,250	00		1
2		CA Taxable Income from Schedule CA (540NR), Part IV, line			• 35	46,611	(
	36	CA Tax Rate. Divide line 31 by line 19		<b>. ⊙</b> 36 <b>0 0</b> 4	4 4		i i
		CA Tax Before Exemption Credits. Multiply line 35 by line 36			💿 37	2,070	
savalora mooning	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If n	nore than 1, enter 1.0000.		5 9 0		
9	39	CA Prorated Exemption Credits. Multiply line 11 by line 38.			0	00	
5	•0	\$187,203, see instructions.				98	
		CA Regular Tax Before Credits. Subtract line 39 from line 37 Tax. See instructions. Check the box if from:   Sched				1,972 0	
		Add line 40 and line 41				1,972	
-	50	Nonrefundable Child and Dependent Care Expenses Credit. S	See instructions. Attach f	form FTB 3506	• 50		
		Credit for joint custody head of household. See instructions			00		
		Credit for dependent parent. See instructions	10		00		
		Credit for senior head of household. See instructions			00		
Company of the Compan	54	Credit percentage. Enter the amount from line 38 here.					
		If more than 1, enter 1.0000. See instructions		*			j
		Credit amount. See instructions.			• 55		
		Enter credit name		and amount			
		Enter credit name					- 3
		To claim more than two credits. See instructions					- 0
		Nonrefundable renter's credit. See instructions			3374	0	- 19
		Add line 50 and line 55 through 61. These are your total cre-			A 2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (	1,972	- 1
- 10	03	Subtract line 62 from line 42. If less than zero, enter -0			🛈 63	1,972	
	71	Alternative minimum tax. Attach Schedule P (540NR)			• 71		
	72	Mental Health Services Tax. See instructions			• 72		Ţ,
	73	Other taxes and credit recapture. See instructions			• 73		
	74	Add line 63, line 71, line 72, and line 73. This is your total ta	ıx		• 74	1,972	į
3	81	California income tax withheld. See instructions			• 81		
		2017 CA estimated tax and other payments. See instructions	S		• 82		- 7
		Withholding (Form 592-B and/or 593). See instructions					
		Excess SDI (or VPDI) withheld. See instructions					
and the same of th		Earned Income Tax Credit (EITC)					
		Add lines 81 through 85. These are your total payments. See					
10	104	Overpaid tax. If line 86 is more than line 74, subtract line 74	A from line OC		101		
Ď		Amount of line 101 you want applied to your 2018 estimate					
ax D		Overpaid tax available this year. Subtract line 102 from line					
-10							

22222	a Employee's social security number						
	123-45-6789	OMB No. 1545-0008					
<b>b</b> Employer identification number	(EIN) 33-000000		1 Wages, tips, other compensation 25,000	2 Federal income tax withheld			
c Employer's name, address, and	ZIP code		3 Social security wages	4 Social security tax withheld			
	h Institute		5 Medicare wages and tips 6 Medicare tax withheld				
La Jolla,	, CA 92037		7 Social security tips	8 Allocated tips			
d Control number			9 Advance EIC payment	10 Dependent care benefits			
e Employee's first name and initia	l Last name	Suff.	11 Nonqualified plans	12a			
Sandy E	ggo		13 Statutory Retirement Third-party employee plan sick pay	12b			
1122 Oc	ean Drive		14 Other	12c			
San Dioc	to CA 02109			C C C C C C C C C C C C C C C C C C C			
f Employee's address and ZIP co	go, CA 92108			12d			
15 State Employer's state ID num	1	1 State incom	ne tax 18 Local wages, tips, etc.	19 Local income tax 20 Locality name			
CA 123-45-67		2,44		19 Eccal income tax 20 Eccally haine			

Form W-2 Wage and Tax
Statement
Copy 1—For State, City, or Local Tax Department

2017

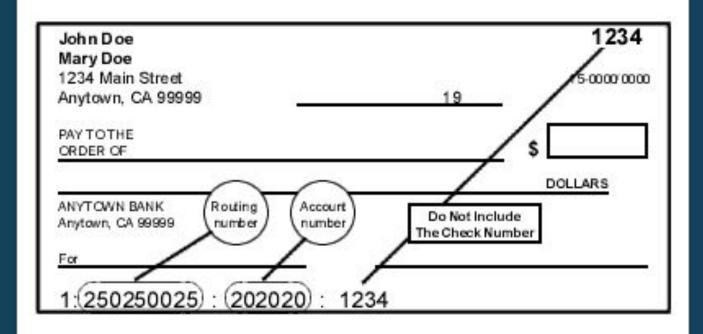
Department of the Treasury-Internal Revenue Service



You	пап	ne: EGGO Your SSN or ITIN: 1234	456789										
	31	Tax. Check the box if from:   Tax Table □ Tax Rate Schedule ■ □ FTB 3	800 ● □FTB 3803 ● 31 2,406										
		CA adjusted gross income from Schedule CA (540NR), Part IV, line 45											
		CA Taxable Income from Schedule CA (540NR), Part IV, line 49											
ome	36	CA Tax Rate. Divide line 31 by line 19											
Inci	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36.											
p.p.		CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1											
Taxable Income		CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on lin											
CAT	55	\$187,203, see instructions.											
0	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero,											
	41	Tax. See instructions. Check the box if from: ● Schedule G-1 ● ST	B 5870A										
	42	Add line 40 and line 41	• 42 <u>1,972</u>										
	50	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Al	ttach form FTB 3506 ● 50										
		Credit for joint custody head of household. See instructions											
		Credit for dependent parent. See instructions.	1.15 E										
		Credit for senior head of household. See instructions	AND THE RESERVE THE PROPERTY OF THE PROPERTY O										
dits		Credit percentage. Enter the amount from line 38 here.  If more than 1, enter 1.0000. See instructions											
Oredits	55	Credit amount. See instructions.											
同		Februardi	and amount • 58										
Special		Enter credit name code •	and amount • 59										
97		To claim more than two credits. See instructions.											
	61	그 경기를 가게 하는 것이 없는 것이 되었다. 그렇게 되었다면 하는 것이 없는 것이다면 없다면 없는 것이다. 그 사람이 없는 것이 없는 것이 없는 것이다면 없는 것이다면 없는 것이다면 없다면 없는 것이다면 없다면 없는 것이다면 없다면 없는 것이다면 없다면 없다면 없다면 없다면 없다면 없다면 없다면 없다면 없다면 없	1 (C) - 1 (C)										
	-												
		Add line 50 and line 55 through 61. These are your total credits	· · · · · · · · · · · · · · · · · · ·										
0.5	•	Current in the first line in the first control of the control of t	1,572										
60	71	Alternative minimum tax. Attach Schedule P (540NR)	• 71										
Таже	72	Mental Health Services Tax. See instructions	• 72										
1911	73	Other taxes and credit recapture. See instructions	• 73										
ő	74	Add line 63, line 71, line 72, and line 73. This is your total tax	• 74 <u>1,972</u>										
105		California Withho	lding										
	81	California income tax withheld. See instructions.	• 81 2,446										
10	82	2017 CA estimated tax and other payments. See instructions	• 82										
Payments	83	Withholding (Form 592-B and/or 593). See instructions.	• 83 <u></u>										
ж	84	Excess SDI (or VPDI) withheld. See instructions.	• 84										
ď.	85	Earned Income Tax Credit (EITC)	• 85										
	86	Add lines 81 through 85. These are your total payments. See instructions	<u>• 86 (</u>										
-	104	Charmoid tay If line 95 is more than line 74 subtract line 74 from line 90											
Bid	100	1 Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86	H 1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (										
Tayou	100	2 Amount of line 101 you want applied to your 2018 estimated tax											
OVO TYNG		3 Overpaid tax available this year. Subtract line 102 from line 101.	리 용하다 있었다. Let Pet A 전 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
	104	4 Tax due. If line 86 is less than line 74, subtract line 86 from line 74											

2						
	31	Tax. Check the box if from:   Tax Table   Tax Rate Schedule   □ FTB 3800	● □FTB 3803 .	31	2,406	0
	32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 45 32_	50,250	00	·	
,	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 49		• 35	46,611	(
5	36	CA Tax Rate. Divide line 31 by line 19	<b>. ⊙</b> 36 <b>0 0</b> 4	1 4 4		- 20
		CA Tax Before Exemption Credits. Multiply line 35 by line 36.		@ 37	2,070	
		CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000		the state of the s		-
2		CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13				1
5		\$187,203, see instructions			98	
3	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter	-0	10 40	1,972	
	41	Tax. See instructions. Check the box if from:   ■ Schedule G-1  ■ FTB 587	70A	41	0	
	42	Add line 40 and line 41		• 42	1,972	
380	50	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach:	form FTB 3506	• 50		
	51	Credit for joint custody head of household. See instructions		00		- 3
	52	Credit for dependent parent. See instructions		00		
		Credit for senior head of household. See instructions 53		00		
3		Credit percentage. Enter the amount from line 38 here.				
		If more than 1, enter 1.0000. See instructions				
	55	Credit amount. See instructions.	<u></u>	• 55		
	58	Enter credit name code ●	and amount	• 58		
-	59	Enter credit name code ●	and amount	• 59		
	60	To claim more than two credits. See instructions		• 60		- 7
	61	Nonrefundable renter's credit. See instructions.		• 61		- 1
	62	Add line 50 and line 55 through 61. These are your total credits		💿 62	0	
	63	Subtract line 62 from line 42. If less than zero, enter -0-		💿 63	1,972	
	71	Alternative minimum tax. Attach Schedule P (540NR)		• 71		
>		Mental Health Services Tax. See instructions.				1
		Other taxes and credit recapture. See instructions.				Ú
		Add line 63, line 71, line 72, and line 73. This is your total tax			1,972	į
8				233,030	2.446	
	30	California income tax withheld. See instructions		• 81	2,446	- 3
		2017 CA estimated tax and other payments. See instructions				
		Withholding (Form 592-B and/or 593). See instructions				
		Excess SDI (or VPDI) withheld. See instructions				-
		Earned Income Tax Credit (EITC)				
	86	Add lines 81 through 85. These are your total payments. See instructions		💿 86	2,446	- 3
Mile	101	Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86	******	101	474	j
15		Amount of line 101 you want applied to your 2018 estimated tax		• 102		ij
		Overpaid tax available this year. Subtract line 102 from line 101			474	
						_

121 AMOUNT YOU OWE. Add line 104 and line 120. See instructions. Do not send cash.  Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001  122 Interest, late return penalties, and late payment penalties.  123 Underpayment of estimated tax. Check the box:     FTB 5805 attached   FTB 5805F attached   123	Your name: EC	GGO		Your SSN or ITIN:	123456789		
123 Underpayment of estimated tax. Check the box:	Mail to:	FRANCHISE T	AX BOARD, PO BO	X 942867, SACRAMENTO		• 121	<u>, 00</u>
123 Underpayment of estimated tax. Check the box:	122 Interest,	late return per	nalties, and late pay	ment penalties		122	00
124 Total amount due. See instructions. Enclose, but do not staple, any payment	123 Underpay	yment of estim	nated tax. Check the	a box: ● ☐ FTB 5805 a	ttached • FTB 5805	Fattached . • 123	00
Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001	TE ()	ount due. See	instructions. Enclo	se, but <b>do not</b> staple, any p	payment	124	00
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 instructions. <b>Have you verified the routing and account numbers?</b> Use whole dollars only.  All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:  Checking  Savings  Routing number  The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:  Checking  Savings  Routing number  Type  Account n	125 REFUND	OR NO AMOL	INT DUE. Subtract	line 120 from line 103.			
Routing number  The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:  Checking Savings Routing number  To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ea.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 m knowledge and belief, it is true, correct, and complete.  Your signature  Date  Spouse's/RDP's signature (if a joint tax return, both must signature.)  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)  Firm's name (or yours, if self-employed)  Do you want to allow another person to discuss this tax return with us? See instructions  Yes No	Mail to: I	FRANCHISE TA	X BOARD, PO BOX	X 942840, SACRAMENTO	CA 94240-0001	• 125	474 .00
Routing number  The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:  Checking Savings Routing number  Type Account number  Routing number  Type Account number  Typ	8 Fill in the info	rmation to aut	horize direct depos	it of your refund into one o	or two accounts. Do not att	ach a voided check or a depor	sit slip.
Routing number  The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:  Checking Savings Routing number  To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ea.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 m knowledge and belief, it is true, correct, and complete.  Your signature  Date  Spouse's/RDP's signature (if a joint tax return, both must signature.)  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)  Firm's name (or yours, if self-employed)  Do you want to allow another person to discuss this tax return with us? See instructions  Yes No	See instructio		of my refund (line			shown below:	
■ Routing number ■ Type ■ Account number ■ 126 Direct deposit amount The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:  □ Checking □ Savings □ Savings □ Account number ■ 127 Direct deposit amount MPORTANT: Attach a copy of your complete federal 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 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 m knowledge and belief, it is true, correct, and complete.  X  Sign  Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)  It is unlawful to forge a spouse's/RDP's signature (declaration of preparer is based on all information of which preparer has any knowledge)  Firm's name (or yours, if self-employed)  Firm's name (or yours, if self-employed)  Do you want to allow another person to discuss this tax return with us? See instructions ● Yes No							_ 00
The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:  Checking  Savings  Routing number  Type  Account number  127 Direct deposit amount  IMPORTANT: Attach a copy of your complete federal return.  To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to fibb.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 m knowledge and belief, it is true, correct, and complete.  Your signature  Date  Spouse's/RDP's signature (if a joint tax return, both must signature (if a joint tax return, both must signature)  We your email address. Enter only one email address.  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)  Joint tax return?  (See instructions)  Do you want to allow another person to discuss this tax return with us? See instructions	Routing nu	mber		Account number		126 Direct dep	osit amount
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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 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 monometric knowledge and belief, it is true, correct, and complete.  Date Spouse's/RDP's signature (if a joint tax return, both must signature)  X  Sign  Here  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)  Firm's name (or yours, if self-employed)  Do you want to allow another person to discuss this tax return with us? See instructions	<ul> <li>Routing nu</li> </ul>	mber	Type	Account number		127 Direct depo	osit amount
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IMPORTA	ANT: Attac	ch a copy of yo	ur complete fed	eral return.					
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123 Unde	123 Underpayment of estimated tax. Check the box:   FTB 5805 attached   FTB 5805F attached .   123					
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125 REFU	UND OR NO AMOU	NT DUE. Subtract lir	ne 120 from line 103.			
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Joint tax return (See instruction					• FEIN	
		to allow another pen arty Designee's Nam	son to discuss this tax return v e		• Yes No Felephone Number	

## FOR ADDITIONAL HELP

Toll free phone number 1-800-852-5711

Internet ftb.ca.gov

