

# 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**

Fiscal year filers only: Enter month of year end: month \_\_\_\_\_ year 2018.  Check here if this is an AMENDED return.

Your first name Initial Last name Suffix Your SSN or ITIN
SANDY EGGO 123 45 6789

If joint tax return, spouse's/RDP's first name Initial Last name Suffix Spouse's/RDP's SSN or ITIN

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) State ZIP code

Foreign country name Foreign province/state/country Foreign postal code

Date of Birth Your DOB (mm/dd/yyyy) Spouse's/RDP's DOB (mm/dd/yyyy)

Prior Name 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

Filing Status 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/RDP 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

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst. 6

For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. Whole dollars only

7 Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions. 7 X \$114 = \$

8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. 8 X \$114 = \$

9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. 9 X \$114 = \$

10 Dependents: Do not include yourself or your spouse/RDP.

Table with 3 columns: Dependent 1, Dependent 2, Dependent 3. Rows: First Name, Last Name, SSN, Dependent's relationship to you.

Total dependent exemptions 10 X \$353 = \$

11 Exemption amount: Add line 7 through line 10 11 \$

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

13 Enter federal AGI from Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10 13 00

14 California adjustments - subtractions. Enter the amount from Schedule CA (540NR), line 37, column B. 14 00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 00

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

17 Adjusted gross income from all sources. Combine line 15 and line 16. 17 00

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

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

Fiscal year filers only: Enter month of year end: month year 2018. Check here if this is an AMENDED return.

Personal information section including name (SANDY EGGO), SSN (123 45 6789), address (1122 OCEAN DRIVE, SAN DIEGO, CA 92108), and birth date.

Prior information section including prior name and spouse's/RDP's prior name.

Filing Status section with options for Single, Married/RDP filing jointly, Married/RDP filing separately, Head of household, and Qualifying widow(er).

Exemptions section including dependent exemptions and total dependent exemptions amount.

Table with 3 columns: Dependent 1, Dependent 2, Dependent 3. Rows include First Name, Last Name, SSN, and Dependent's relationship to you.

Total Taxable Income section with lines 12 through 19, including California wages, federal AGI, adjustments, and total taxable income.

Fiscal year filers only: Enter month of year end: month year 2018. Check here if this is an AMENDED return.

Personal information section including name (SANDY EGGO), SSN (123 45 6789), address (1122 OCEAN DRIVE, SAN DIEGO, CA 92108), and birth date (05/22/1987).

Spouse/Dependent information section including prior name and spouse/dependent birth date.

Filing status section with options for Single, Married/RDP filing jointly, Married/RDP filing separately, Head of household, and Qualifying widow(er).

Exemptions section including lines 7 (Personal), 8 (Blind), 9 (Senior), and 10 (Dependents).

Table for dependent exemptions with columns for Dependent 1, 2, and 3, including fields for First Name, Last Name, SSN, and relationship.

Total Taxable Income section including lines 12 through 19, calculating wages, federal AGI, adjustments, and final taxable income.

Fiscal year filers only: Enter month of year end: month year 2018. Check here if this is an AMENDED return.

Personal information section including name (SANDY EGGO), SSN (123 45 6789), address (1122 OCEAN DRIVE, SAN DIEGO, CA 92108), and birth date (05/22/1987).

Spouse/Dependent information section including prior name and date of birth fields.

Filing status section with options for Single, Married/RDP filing jointly, or Married/RDP filing separately.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst.

For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. Whole dollars only

Exemptions section (lines 7-10) for Personal, Blind, Senior, and Dependents.

Table with 3 columns: Dependent 1, Dependent 2, Dependent 3. Rows include First Name, Last Name, SSN, and Dependent's relationship to you.

Summary lines for dependent exemptions (lines 10 and 11).

Total Taxable Income section (lines 12-19) showing calculations from wages to total taxable income.

Fiscal year filers only: Enter month of year end: month year 2018. Check here if this is an AMENDED return.

Personal information section including name (SANDY EGGO), SSN (123 45 6789), address (1122 OCEAN DRIVE, SAN DIEGO, CA 92108), and birth date (05/22/1987).

Spouse/Dependent information section including prior name and spouse/dependent birth date.

Filing status section with options for Single, Married/RDP filing jointly, Married/RDP filing separately, Head of household, and Qualifying widow(er).

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst. 6

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

Exemptions section (lines 7-10) for Personal, Blind, Senior, and Dependents, including a table for dependent information.

Exemptions table with columns for Dependent 1, 2, and 3, and rows for First Name, Last Name, SSN, and relationship.

Total Taxable Income section (lines 12-19) showing calculations for California wages, federal AGI, adjustments, and total taxable income.

Fiscal year filers only: Enter month of year end: month year 2018. Check here if this is an AMENDED return.

Personal information section including name (SANDY EGGO), SSN (123 45 6789), address (1122 OCEAN DRIVE), and city (SAN DIEGO).

Birth date (05/22/1987) and prior name information.

Filing status section with options for Single, Married/RDP filing jointly, etc.

Exemptions section including dependent exemptions and total exemption amount (\$114).

Total Taxable Income section with lines 12 through 19, showing adjusted gross income and total taxable income.



**Next:**

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

See Handout Schedule CA (540NR)



# 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

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**

2017

# California Adjustments — Nonresidents or Part-Year Residents

CA (540NR)

**Important:** Attach this schedule behind Long Form 540NR, Side 4 as a supporting California schedule.

Name(s) as shown on tax return: **SANDY EGGO** SSN or ITIN: **1 2 3 4 5 6 7 8 9**

**Part I Residency Information.** Complete all lines that apply to you and your spouse/RDP for taxable year 2017.

During 2017:

1 My California (CA) Residency (Check one)  
 a Myself:  Nonresident  Part-Year Resident  Resident  
 b Spouse:  Nonresident  Part-Year Resident  Resident

	Yourself	Spouse/RDP
2 a I was domiciled in (enter two letter code, see instructions)	<input type="radio"/>	<input type="radio"/>
b I was in the military and stationed in (enter two letter code)	<input type="radio"/>	<input type="radio"/>
3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move)	<input type="radio"/>	<input type="radio"/>
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move)	<input type="radio"/>	<input type="radio"/>
5 I was a CA nonresident the entire year (enter state of residence)	<input type="radio"/>	<input type="radio"/>
6 The number of days I spent in CA for any purpose was:	<input type="radio"/>	<input type="radio"/>
7 I owned a home/property in CA (enter Y for Yes, N for No)	<input type="radio"/>	<input type="radio"/>
8 Before 2017: I was a CA resident for the period of	<input type="radio"/>	<input type="radio"/>

**Part II Income Adjustment Schedule**

	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions (difference between CA & federal law)	C Additions See instructions (difference between CA & federal law)	D Total Amounts Using CA Law As if You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	E CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
<b>Section A — Income</b>					
7 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C. . . . 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 Taxable interest. (b) . . . . . 8(a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 Ordinary dividends. See instructions. (b) <input checked="" type="radio"/> . . . . . 9(a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10 Taxable refunds, credits, or offsets of state and local income taxes. . . . . 10	<input type="radio"/>	<input type="radio"/>			
11 Alimony received. See instructions. . . . . 11	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 Business income or (loss) . . . . . 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Capital gain or (loss). See instructions . . . . . 13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 Other gains or (losses) . . . . . 14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15 IRA distributions. See instructions. (a) <input checked="" type="radio"/> . . . . . 15(b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16 Pensions and annuities. See instructions. (a) <input checked="" type="radio"/> . . . . . 16(b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc . . . . . 17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18 Farm income or (loss) . . . . . 18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 Unemployment compensation . . . . . 19	<input type="radio"/>	<input type="radio"/>			
20 Social security benefits. (a) <input checked="" type="radio"/> . . . . . 20(b)	<input type="radio"/>	<input type="radio"/>			
21 Other Income.					
a California lottery winnings		<input type="radio"/>	a		
b Disaster loss deduction from FTB 3805V		<input type="radio"/>	b		
c Federal NOL (Form 1040, line 21)		<input type="radio"/>	c		
d NOL deduction from FTB 3805V . . . . . 21	<input type="radio"/>	<input type="radio"/>	d	21	21
e NOL from FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809		<input type="radio"/>	e		
f Other (describe):		<input type="radio"/>	f		
22 a Total: Combine line 7 through line 21 in each column. Continue to Side 2 . . . . . 22a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2017

California Adjustments — Nonresidents or Part-Year Residents

CA (540NR)

Important: Attach this schedule behind Long Form 540NR, Side 4 as a supporting California schedule.

Name(s) as shown on tax return SANDY EGGO SSN or ITIN 1 2 3 4 5 6 7 8 9

Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2017.

During 2017:

1 My California (CA) Residency (Check one)
a Myself: Nonresident Part-Year Resident Resident
b Spouse: Nonresident Part-Year Resident Resident
2 a I was domiciled in (enter two letter code, see instructions) FC
b I was in the military and stationed in (enter two letter code)
3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) FC 07/01/2017
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move)
5 I was a CA nonresident the entire year (enter state of residence)
6 The number of days I spent in CA for any purpose was: 184
7 I owned a home/property in CA (enter Y for Yes, N for No) N
8 Before 2017: I was a CA resident for the period of

Part II Income Adjustment Schedule

Table with 5 columns: Section A - Income, Federal Amounts, Subtractions, Additions, Total Amounts Using CA Law, CA Amounts. Rows include Wages, salaries, tips, etc.; Taxable Interest; Ordinary dividends; Taxable refunds, credits, or offsets of state and local income taxes; Alimony received; Business income or (loss); Capital gain or (loss); Other gains or (losses); IRA distributions; Pensions and annuities; Rental real estate, royalties, partnerships, S corporations, trusts, etc.; Farm income or (loss); Unemployment compensation; Social security benefits; Other Income (California lottery winnings, Disaster loss deduction, Federal NOL, NOL deduction, NOL from FTB, Other); Total: Combine line 7 through line 21.

# 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**

2017

California Adjustments — Nonresidents or Part-Year Residents

CA (540NR)

Important: Attach this schedule behind Long Form 540NR, Side 4 as a supporting California schedule.

Name(s) as shown on tax return SANDY EGGO SSN or ITIN 1 2 3 4 5 6 7 8 9

Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2017.

During 2017:

Form with handwritten entries: Reported for IRS \$25,000; California wages \$50,000; Pandoran wages \$8,000; Total \$58,000; Spouse: Part-Year Resident; FC 07/01/2018; 184 N

Part II Income Adjustment Schedule

Table with 5 columns: A (Federal Amounts), B (Subtractions), C (Additions), D (Total Amounts Using CA Law), E (CA Amounts). Rows include Wages, Taxable Interest, Dividends, Refunds, Alimony, Business Income, Capital Gain, Other Gains, IRA Distributions, Pensions, Rental Income, Farm Income, Unemployment, Social Security, and Other Income.

# 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**

2017

# California Adjustments — Nonresidents or Part-Year Residents

CA (540NR)

**Important:** Attach this schedule behind Long Form 540NR, Side 4 as a supporting California schedule.

Name(s) as shown on tax return

**SANDY EGGO**

SSN or ITIN

**1 2 3 4 5 6 7 8 9**

**Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2017.**

During 2017:

1 My California (CA) Residency (Check one)

a Myself:  Nonresident  Part-Year Resident  Resident

b Spouse:  Nonresident  Part-Year Resident  Resident

2 a I was domiciled in (enter two letter code, see instructions)  FC

b I was in the military and stationed in (enter two letter code)

3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move)  FC 07 / 01 / 2017

4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move)

5 I was a CA nonresident the entire year (enter state of residence)

6 The number of days I spent in CA for any purpose was:  184

7 I owned a home/property in CA (enter Y for Yes, N for No)  N

8 Before 2017: I was a CA resident for the period of

	Yourself	Spouse/RDP
2 a	<input checked="" type="radio"/>	<input type="radio"/>
3	<input checked="" type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>

**Part II Income Adjustment Schedule**

**Section A — Income**

	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions (difference between CA & federal law)	C Additions See instructions (difference between CA & federal law)	D Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	E 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	<input checked="" type="radio"/> 25,000	<input type="radio"/>	<input checked="" type="radio"/> 33,000	<input checked="" type="radio"/> 58,000	<input checked="" type="radio"/> 50,000
8 Taxable interest. (b) . . . . . 8(a)	<input checked="" type="radio"/> 0	<input type="radio"/>	<input checked="" type="radio"/> 500	<input checked="" type="radio"/> 500	<input checked="" type="radio"/> 250
9 Ordinary dividends. See instructions. (b) <input checked="" type="radio"/> . . . . . 9(a)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10 Taxable refunds, credits, or offsets of state and local income taxes. . . . . 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 Alimony received. See instructions. . . . . 11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 Business income or (loss) . . . . . 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Capital gain or (loss). See instructions . . . 13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 Other gains or (losses) . . . . . 14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15 IRA distributions. See instructions. (a) <input checked="" type="radio"/> . . . . . 15(b)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16 Pensions and annuities. See instructions. (a) <input checked="" type="radio"/> . . . . . 16(b)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. . . . . 17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18 Farm income or (loss) . . . . . 18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 Unemployment compensation . . . . . 19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20 Social security benefits. (a) <input checked="" type="radio"/> . . . . . 20(b)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21 Other income.					
a California lottery winnings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Disaster loss deduction from FTB 3805V	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c Federal NOL (Form 1040, line 21)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
d NOL deduction from FTB 3805V 21	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
e NOL from FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f Other (describe):	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
22 a Total: Combine line 7 through line 21 in each column. Continue to Side 2 . . . 22a	<input checked="" type="radio"/> 25,000	<input type="radio"/>	<input checked="" type="radio"/> 33,500	<input checked="" type="radio"/> 58,500	<input checked="" type="radio"/> 50,250

Interest is intangible - sourced/taxable to your place of residency



Income Adjustment Schedule	A	B	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>b</b> Enter totals from Side 1, line 22a, col. A through col. E. . . . . 22b	<input type="radio"/> 25,000	<input type="radio"/> 0	<input type="radio"/> 33,500	<input type="radio"/> 58,500	<input type="radio"/> 50,250
23 Educator expenses . . . . . 23	<input type="radio"/>	<input type="radio"/>			
24 Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . . 24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25 Health savings account deduction . . . . . 25	<input type="radio"/>	<input type="radio"/>			
26 Moving expenses . . . . . 26	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
27 Deductible part of self-employment tax . . . . . 27	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
28 Self-employed SEP, SIMPLE, and qualified plans . . . . . 28	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
29 Self-employed health insurance deduction . . . . . 29	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
30 Penalty on early withdrawal of savings . . . . . 30	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
31a Alimony paid. <b>b</b> Enter recipient's: SSN <input type="radio"/> _____ Last name <input type="radio"/> _____ . . . . . 31a	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32 IRA deduction . . . . . 32	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
33 Student loan interest deduction . . . . . 33	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34 Tuition and fees . . . . . 34	<input type="radio"/>	<input type="radio"/>			
35 Domestic production activities deduction . . . . . 35	<input type="radio"/>	<input type="radio"/>			
36 Add line 23 through line 35 in each column, A through E . . . . . 36	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37 <b>Total.</b> Subtract line 36 from line 22b in each column, A through E. See instructions. . . . . 37	<input type="radio"/> 25,000	<input type="radio"/> 0	<input type="radio"/> 33,500	<input type="radio"/> 58,500	<input type="radio"/> 50,250

**Part III Adjustments to Federal Itemized Deductions**

- 38 **Federal Itemized Deductions.** Enter the amount from federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28 (or Schedule A (Form 1040NR), lines 1, 5, 6, 13, and 14). . . . .  38 \_\_\_\_\_
- 39 Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax), and line 8 (foreign taxes **only**) (or Schedule A (Form 1040NR), line 1). See instructions. . . . .  39 \_\_\_\_\_
- 40 Subtract line 39 from line 38 . . . . .  40 \_\_\_\_\_
- 41 Other adjustments including California lottery losses. See instructions. Specify \_\_\_\_\_ . . . . .  41 \_\_\_\_\_
- 42 Combine line 40 and line 41. . . . .  42 \_\_\_\_\_
- 43 **Is your federal AGI (Long Form 540NR, line 13) more than the amount shown below for your filing status?**
- Single or married/RDP filing separately . . . . . **\$182,459**
- Head of household . . . . . **\$273,692**
- Married/RDP filing jointly or qualifying widow(er) . . . . . **\$364,923**
- No.** Transfer the amount on line 42 to line 43.
- Yes.** Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 43 . . . . .  43 \_\_\_\_\_
- 44 Enter the larger of the amount on line 43 or your standard deduction. See instructions. . . . .  44 \_\_\_\_\_

**Part IV California Taxable Income**

- 45 **California AGI.** Enter your California AGI from line 37, column E. . . . .  45 \_\_\_\_\_
- 46 Enter your deductions from line 44 . . . . .  46 \_\_\_\_\_
- 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 1.0000, enter 1.0000. If less than zero, enter -0- . . . . .  47 \_\_\_\_\_
- 48 **California Itemized/Standard Deductions.** Multiply line 46 by the percentage on line 47 . . . . .  48 \_\_\_\_\_
- 49 **California Taxable Income.** Subtract line 48 from line 45. Transfer this amount to Long Form 540NR, line 35. If less than zero, enter -0- . . . . .  49 \_\_\_\_\_

22222		a Employee's social security number <b>123-45-6789</b>		OMB No. 1545-0008		
b Employer identification number (EIN) <b>33-0000000</b>		1 Wages, tips, other compensation <b>25,000</b>		2 Federal income tax withheld		
c Employer's name, address, and ZIP code <b>Research Institute La Jolla, CA 92037</b>		3 Social security wages		4 Social security tax withheld		
		5 Medicare wages and tips		6 Medicare tax withheld		
		7 Social security tips		8 Allocated tips		
d Control number		9 Advance EIC payment		10 Dependent care benefits		
e Employee's first name and initial Last name Suff. <b>Sandy Eggo 1122 Ocean Drive San Diego, CA 92108</b>		11 Nonqualified plans		12a		
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b		
		14 Other		12c 12d		
f Employee's address and ZIP code						
15 State <b>CA</b>	Employer's state ID number <b>123-45-6789</b>	16 State wages, tips, etc. <b>30,000</b>	17 State income tax <b>2,446</b>	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement  
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:**  
State Income Tax **\$2,446**  
Charitable Donation **\$ 75**  
**Total \$2,521**



Income Adjustment Schedule		A	B	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. . . . . 22b	<input checked="" type="radio"/> 25,000	<input checked="" type="radio"/> 0	<input checked="" type="radio"/> 33,500	<input checked="" type="radio"/> 58,500	<input checked="" type="radio"/> 50,250
23	Educator expenses . . . . . 23	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
24	Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . . 24	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
25	Health savings account deduction . . . . . 25	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
26	Moving expenses . . . . . 26	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
27	Deductible part of self-employment tax . . . . . 27	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
28	Self-employed SEP, SIMPLE, and qualified plans . . . . . 28	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
29	Self-employed health insurance deduction . . . . . 29	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
30	Penalty on early withdrawal of savings . . . . . 30	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
31a	Alimony paid. b Enter recipient's: SSN <input checked="" type="radio"/> - - - Last name <input checked="" type="radio"/> . . . . . 31a	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
32	IRA deduction . . . . . 32	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
33	Student loan interest deduction . . . . . 33	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
34	Reserved . . . . . 34					
35	Domestic production activities deduction . . . . . 35	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
36	Add line 23 through line 35 in each column, A through E . . . . . 36	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
37	Total. Subtract line 36 from line 22b in each column, A through E. See instructions. . . . . 37	<input checked="" type="radio"/> 25,000	<input checked="" type="radio"/> 0	<input checked="" type="radio"/> 33,500	<input checked="" type="radio"/> 58,500	<input checked="" type="radio"/> 50,250

**Part III Adjustments to Federal Itemized Deductions**

38	Federal Itemized Deductions. Enter the amount from federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28 (or Schedule A (Form 1040NR), lines 1, 5, 6, 13, and 14). . . . .  38	2,521
39	Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax), and line 8 (foreign taxes only) (or Schedule A (Form 1040NR), line 1). See instructions. . . . . 39	
40	Subtract line 39 from line 38 . . . . . 40	
41	Other adjustments including California lottery losses. See instructions. Specify . . . . . 41	
42	Combine line 40 and line 41. . . . . 42	
43	Is your federal AGI (Long Form 540NR, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately . . . . . \$187,203 Head of household . . . . . \$280,808 Married/RDP filing jointly or qualifying widow(er) . . . . . \$374,411 No. Transfer the amount on line 42 to line 43. Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 43 . . . . . 43	
44	Enter the larger of the amount on line 43 or your standard deduction. See instructions. . . . . 44	

**Part IV California Taxable Income**

45	California AGI. Enter your California AGI from line 37, column E . . . . . 45	
46	Enter your deductions from line 44 . . . . . 46	
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 1.0000, enter 1.0000. If less than zero, enter -0- . . . . . 47	
48	California Itemized/Standard Deductions. Multiply line 46 by the percentage on line 47 . . . . . 48	
49	California Taxable Income. Subtract line 48 from line 45. Transfer this amount to Long Form 540NR, line 35. If less than zero, enter -0- . . . . . 49	

Income Adjustment Schedule		A	B	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. . . . . 22b	25,000	0	33,500	58,500	50,250
23	Educator expenses . . . . . 23					
24	Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . . 24					
25	Health savings account deduction . . . . . 25					
26	Moving expenses . . . . . 26					
27	Deductible part of self-employment tax . . . . . 27					
28	Self-employed SEP, SIMPLE, and qualified plans . . . . . 28					
29	Self-employed health insurance deduction . . . . . 29					
30	Penalty on early withdrawal of savings . . . . . 30					
31a	Alimony paid. b Enter recipient's: SSN <input type="text"/> - <input type="text"/> - <input type="text"/> Last name <input type="text"/> . . . . . 31a					
32	IRA deduction . . . . . 32					
33	Student loan interest deduction . . . . . 33					
34	Reserved . . . . . 34					
35	Domestic production activities deduction . . . . . 35					
36	Add line 23 through line 35 in each column, A through E . . . . . 36					
37	Total. Subtract line 36 from line 22b in each column, A through E. See instructions. . . . . 37	25,000	0	33,500	58,500	50,250

**Part III Adjustments to Federal Itemized Deductions**

38	<b>Federal Itemized Deductions.</b> Enter the amount from federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28 (or Schedule A (Form 1040NR), lines 1, 5, 6, 13, and 14). . . . . 38	2,521
39	Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax), and line 8 (foreign taxes only) (or Schedule A (Form 1040NR), line 1). See instructions. . . . . 39	2,446
40	Subtract line 39 from line 38 . . . . . 40	75
41	Other adjustments including California lottery losses. See instructions. Specify <input type="text"/> . . . . . 41	
42	Combine line 40 and line 41. . . . . 42	75
43	<b>Is your federal AGI (Long Form 540NR, line 13) more than the amount shown below for your filing status?</b>	
	Single or married/RDP filing separately . . . . . \$187,203	
	Head of household . . . . . \$280,808	
	Married/RDP filing jointly or qualifying widow(er) . . . . . \$374,411	
	No. Transfer the amount on line 42 to line 43.	
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 43 . . . . . 43	
44	Enter the larger of the amount on line 43 or your standard deduction. See instructions . . . . . 44	

**Part IV California Taxable Income**

45	<b>California AGI.</b> Enter your California AGI from line 37, column E . . . . . 45	
46	Enter your deductions from line 44 . . . . . 46	
47	<b>Deduction Percentage.</b> Divide line 37, column E by line 37, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- . . . . . 47	
48	<b>California Itemized/Standard Deductions.</b> Multiply line 46 by the percentage on line 47 . . . . . 48	
49	<b>California Taxable Income.</b> Subtract line 48 from line 45. Transfer this amount to Long Form 540NR, line 35. If less than zero, enter -0- . . . . . 49	

Income Adjustment Schedule		A	B	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. . . . . 22b	25,000	0	33,500	58,500	50,250
23	Educator expenses . . . . . 23					
24	Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . . 24					
25	Health savings account deduction . . . . . 25					
26	Moving expenses . . . . . 26					
27	Deductible part of self-employment tax . . . . . 27					
28	Self-employed SEP, SIMPLE, and qualified plans . . . . . 28					
29	Self-employed health insurance deduction . . . . . 29					
30	Penalty on early withdrawal of savings . . . . . 30					
31a	Alimony paid. b Enter recipient's: SSN <input type="text"/> - <input type="text"/> - <input type="text"/> Last name <input type="text"/> . . . . . 31a					
32	IRA deduction . . . . . 32					
33	Student loan interest deduction . . . . . 33					
34	Reserved . . . . . 34					
35	Domestic production activities deduction . . . . . 35					
36	Add line 23 through line 35 in each column, A through E . . . . . 36					
37	Total. Subtract line 36 from line 22b in each column, A through E. See instructions. . . . . 37	25,000	0	33,500	58,500	50,250

**Part III Adjustments to Federal Itemized Deductions**

**California Standard Deduction Chart for Most People**  
Do not use this chart if your parent, or someone else, can claim you (or your spouse/RDP) as a dependent on their tax return.

Your Filing Status	Enter On Line 18
1 - Single . . . . .	\$4,236
2 - Married/RDP filing jointly . . . . .	\$8,472
3 - Married/RDP filing separately . . . . .	\$4,236
4 - Head of household . . . . .	\$8,472
5 - Qualifying widow(er) . . . . .	\$8,472

The California standard deduction amounts are less than the federal standard deduction amounts.

es 4, 9, 15, 19, 20, 27, and 28 . . . . .	38	2,521
and local income tax, . . . . .	39	2,446
1). See instructions. . . . .	40	75
. . . . .	41	
. . . . .	42	75
your filing status? 203 . . . . .	43	75
308 . . . . .	44	
111 . . . . .		

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 18. . . . . 43 75

44 Enter the larger of the amount on line 43 or your standard deduction. See instructions. . . . . 44

Page 31

**Part IV California Taxable Income**

45 California AGI. Enter your California AGI from line 37, column E . . . . .	45	
46 Enter your deductions from line 44 . . . . .	46	
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 1.0000, enter 1.0000. If less than zero, enter -0- . . . . .	47	
48 California Itemized/Standard Deductions. Multiply line 46 by the percentage on line 47 . . . . .	48	
49 California Taxable Income. Subtract line 48 from line 45. Transfer this amount to Long Form 540NR, line 35. If less than zero, enter -0- . . . . .	49	

Income Adjustment Schedule		A	B	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. . . . . 22b	<input checked="" type="radio"/> 25,000	<input checked="" type="radio"/> 0	<input checked="" type="radio"/> 33,500	<input checked="" type="radio"/> 58,500	<input checked="" type="radio"/> 50,250
23	Educator expenses . . . . . 23	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
24	Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . . 24	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
25	Health savings account deduction . . . . . 25	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
26	Moving expenses . . . . . 26	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
27	Deductible part of self-employment tax . . . . . 27	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
28	Self-employed SEP, SIMPLE, and qualified plans . . . . . 28	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
29	Self-employed health insurance deduction . . . . . 29	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
30	Penalty on early withdrawal of savings . . . . . 30	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
31a	Allimony paid. b Enter recipient's: SSN <input checked="" type="radio"/> - - - Last name <input checked="" type="radio"/> . . . . . 31a	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
32	IRA deduction . . . . . 32	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
33	Student loan interest deduction . . . . . 33	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
34	Reserved . . . . . 34					
35	Domestic production activities deduction . . . . . 35	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
36	Add line 23 through line 35 in each column, A through E . . . . . 36	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
37	Total. Subtract line 36 from line 22b in each column, A through E. See instructions. . . . . 37	<input checked="" type="radio"/> 25,000	<input checked="" type="radio"/> 0	<input checked="" type="radio"/> 33,500	<input checked="" type="radio"/> 58,500	<input checked="" type="radio"/> 50,250

**Part III Adjustments to Federal Itemized Deductions**

38	Federal Itemized Deductions. Enter the amount from federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28 (or Schedule A (Form 1040NR), lines 1, 5, 6, 13, and 14) . . . . . 38	<input checked="" type="radio"/> 2,521
39	Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax), and line 8 (foreign taxes only) (or Schedule A (Form 1040NR), line 1). See instructions. . . . . 39	<input checked="" type="radio"/> 2,446
40	Subtract line 39 from line 38 . . . . . 40	<input checked="" type="radio"/> 75
41	Other adjustments including California lottery losses. See instructions. Specify . . . . . 41	<input checked="" type="radio"/>
42	Combine line 40 and line 41 . . . . . 42	<input checked="" type="radio"/> 75
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 . . . . . \$187,203 Head of household . . . . . \$280,808 Married/RDP filing jointly or qualifying widow(er) . . . . . \$374,411 No. Transfer the amount on line 42 to line 43. Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 43 . . . . . 43	<input checked="" type="radio"/> 75
44	Enter the larger of the amount on line 43 or your standard deduction. See instructions . . . . . 44	<input checked="" type="radio"/> 4,236

**Part IV California Taxable Income**

45	California AGI. Enter your California AGI from line 37, column E . . . . . 45	<input checked="" type="radio"/>
46	Enter your deductions from line 44 . . . . . 46	<input checked="" type="radio"/>
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 1.0000, enter 1.0000. If less than zero, enter -0- . . . . . 47	<input checked="" type="radio"/>
48	California Itemized/Standard Deductions. Multiply line 46 by the percentage on line 47 . . . . . 48	<input checked="" type="radio"/>
49	California Taxable Income. Subtract line 48 from line 45. Transfer this amount to Long Form 540NR, line 35. If less than zero, enter -0- . . . . . 49	<input checked="" type="radio"/>

Income Adjustment Schedule		A	B	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. . . . . 22b	<input checked="" type="radio"/> 25,000	<input checked="" type="radio"/> 0	<input checked="" type="radio"/> 33,500	<input checked="" type="radio"/> 58,500	<input checked="" type="radio"/> 50,250
23	Educator expenses . . . . . 23	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
24	Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . . 24	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
25	Health savings account deduction . . . . . 25	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
26	Moving expenses . . . . . 26	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
27	Deductible part of self-employment tax . . . . . 27	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
28	Self-employed SEP, SIMPLE, and qualified plans . . . . . 28	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
29	Self-employed health insurance deduction . . . . . 29	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
30	Penalty on early withdrawal of savings . . . . . 30	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
31a	Allimony paid. b Enter recipient's: SSN <input checked="" type="radio"/> - - - Last name <input checked="" type="radio"/> . . . . . 31a	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
32	IRA deduction . . . . . 32	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
33	Student loan interest deduction . . . . . 33	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
34	Reserved . . . . . 34					
35	Domestic production activities deduction . . . . . 35	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
36	Add line 23 through line 35 in each column, A through E . . . . . 36	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
37	Total. Subtract line 36 from line 22b in each column, A through E. See instructions. . . . . 37	<input checked="" type="radio"/> 25,000	<input checked="" type="radio"/> 0	<input checked="" type="radio"/> 33,500	<input checked="" type="radio"/> 58,500	<input checked="" type="radio"/> 50,250

**Part III Adjustments to Federal Itemized Deductions**

38	Federal Itemized Deductions. Enter the amount from federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28 (or Schedule A (Form 1040NR), lines 1, 5, 6, 13, and 14) . . . . . 38	<input checked="" type="radio"/> 2,521
39	Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax), and line 8 (foreign taxes only) (or Schedule A (Form 1040NR), line 1). See instructions. . . . . 39	<input checked="" type="radio"/> 2,446
40	Subtract line 39 from line 38 . . . . . 40	<input checked="" type="radio"/> 75
41	Other adjustments including California lottery losses. See instructions. Specify . . . . . 41	<input checked="" type="radio"/>
42	Combine line 40 and line 41 . . . . . 42	<input checked="" type="radio"/> 75
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 . . . . . \$187,203 Head of household . . . . . \$280,808 Married/RDP filing jointly or qualifying widow(er) . . . . . \$374,411 No. Transfer the amount on line 42 to line 43. Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 43 . . . . . 43	<input checked="" type="radio"/> 75
44	Enter the larger of the amount on line 43 or your standard deduction. See instructions . . . . . 44	<input checked="" type="radio"/> 4,236

**Part IV California Taxable Income**

45	California AGI. Enter your California AGI from line 37, column E . . . . . 45	<input checked="" type="radio"/> 50,250
46	Enter your deductions from line 44 . . . . . 46	<input checked="" type="radio"/> 4,236
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 1.0000, enter 1.0000. If less than zero, enter -0- . . . . . 47	<input checked="" type="radio"/>
48	California Itemized/Standard Deductions. Multiply line 46 by the percentage on line 47 . . . . . 48	<input checked="" type="radio"/>
49	California Taxable Income. Subtract line 48 from line 45. Transfer this amount to Long Form 540NR, line 35. If less than zero, enter -0- . . . . . 49	<input checked="" type="radio"/>

Income Adjustment Schedule		A	B	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. . . . . 22b	25,000	0	33,500	58,500	50,250
23	Educator expenses . . . . . 23					
24	Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . . 24					
25	Health savings account deduction . . . . . 25					
26	Moving expenses . . . . . 26					
27	Deductible part of self-employment tax . . . . . 27					
28	Self-employed SEP, SIMPLE, and qualified plans . . . . . 28					
29	Self-employed health insurance deduction . . . . . 29					
30	Penalty on early withdrawal of savings . . . . . 30					
31a	Allimony paid. b Enter recipient's: SSN <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Last name <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> . . . . . 31a					
32	IRA deduction . . . . . 32					
33	Student loan interest deduction . . . . . 33					
34	Reserved . . . . . 34					
35	Domestic production activities deduction . . . . . 35					
36	Add line 23 through line 35 in each column, A through E . . . . . 36					
37	Total. Subtract line 36 from line 22b in each column, A through E. See instructions. . . . . 37	25,000	0	33,500	58,500	50,250

**Part III Adjustments to Federal Itemized Deductions**

38	Federal Itemized Deductions. Enter the amount from federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28 (or Schedule A (Form 1040NR), lines 1, 5, 6, 13, and 14) . . . . . 38	2,521
39	Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax), and line 8 (foreign taxes only) (or Schedule A (Form 1040NR), line 1). See instructions. . . . . 39	2,446
40	Subtract line 39 from line 38 . . . . . 40	75
41	Other adjustments including California lottery losses. See instructions. Specify . . . . . 41	
42	Combine line 40 and line 41 . . . . . 42	75
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 . . . . . \$187,203 Head of household . . . . . \$280,808 Married/RDP filing jointly or qualifying widow(er) . . . . . \$374,411 No. Transfer the amount on line 42 to line 43. Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 43 . . . . . 43	75
44	Enter the larger of the amount on line 43 or your standard deduction. See instructions . . . . . 44	4,236

**Part IV California Taxable Income**

45	California AGI. Enter your California AGI from line 37, column E . . . . . 45	50,250
46	Enter your deductions from line 44 . . . . . 46	4,236
47	Deduction Percentage. Divide line 37, column E to four places. If the result is greater than 1.0000 . . . . . 47	0.8590
48	California Itemized/Standard Deductions. Multiply line 46 by the percentage on line 47 . . . . . 48	
49	California Taxable Income. Subtract line 48 from line 45. Transfer this amount to Long Form 540NR, line 35. If less than zero, enter -0- . . . . . 49	

50,250/58,500 →



Income Adjustment Schedule		A	B	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. . . . . 22b	25,000	0	33,500	58,500	50,250
23	Educator expenses . . . . . 23					
24	Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . . 24					
25	Health savings account deduction . . . . . 25					
26	Moving expenses . . . . . 26					
27	Deductible part of self-employment tax . . . . . 27					
28	Self-employed SEP, SIMPLE, and qualified plans . . . . . 28					
29	Self-employed health insurance deduction . . . . . 29					
30	Penalty on early withdrawal of savings . . . . . 30					
31a	Allimony paid. b Enter recipient's: SSN <input type="radio"/> <input type="radio"/> - <input type="radio"/> - <input type="radio"/> Last name <input type="radio"/> . . . . . 31a					
32	IRA deduction . . . . . 32					
33	Student loan interest deduction . . . . . 33					
34	Reserved . . . . . 34					
35	Domestic production activities deduction . . . . . 35					
36	Add line 23 through line 35 in each column, A through E . . . . . 36					
37	Total. Subtract line 36 from line 22b in each column, A through E. See instructions. . . . . 37	25,000	0	33,500	58,500	50,250

**Part III Adjustments to Federal Itemized Deductions**

38	Federal Itemized Deductions. Enter the amount from federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28 (or Schedule A (Form 1040NR), lines 1, 5, 6, 13, and 14) . . . . . 38	2,521
39	Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax), and line 8 (foreign taxes only) (or Schedule A (Form 1040NR), line 1). See instructions. . . . . 39	2,446
40	Subtract line 39 from line 38 . . . . . 40	75
41	Other adjustments including California lottery losses. See instructions. Specify . . . . . 41	
42	Combine line 40 and line 41 . . . . . 42	75
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 . . . . . \$187,203 Head of household . . . . . \$280,808 Married/RDP filing jointly or qualifying widow(er) . . . . . \$374,411 No. Transfer the amount on line 42 to line 43. Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 43 . . . . . 43	75
44	Enter the larger of the amount on line 43 or your standard deduction. See instructions . . . . . 44	4,236

**Part IV California Taxable Income**

45	California AGI. Enter your California AGI from line 37, column E . . . . . 45	50,250
46	Enter your deductions from line 44 . . . . . 46	4,236
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 1.0000, enter 1.0000. If less than zero, enter -0- . . . . . 47	0.8590
48	California Itemized/Standard Deductions. Multiply line 46 by the percentage on line 47 . . . . . 48	3,639
49	California Taxable Income. Subtract line 48 from line 45. If the result is less than zero, enter -0- . . . . . 49	4,236 x .8590

Income Adjustment Schedule		A	B	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. . . . . 22b	<input checked="" type="radio"/> 25,000	<input checked="" type="radio"/> 0	<input checked="" type="radio"/> 33,500	<input checked="" type="radio"/> 58,500	<input checked="" type="radio"/> 50,250
23	Educator expenses . . . . . 23	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24	Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . . 24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25	Health savings account deduction . . . . . 25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26	Moving expenses . . . . . 26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27	Deductible part of self-employment tax . . . . . 27	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28	Self-employed SEP, SIMPLE, and qualified plans . . . . . 28	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29	Self-employed health insurance deduction . . . . . 29	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30	Penalty on early withdrawal of savings . . . . . 30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31a	Alimony paid. b Enter recipient's: SSN <input type="radio"/> - <input type="radio"/> - <input type="radio"/> Last name <input type="radio"/> . . . . . 31a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32	IRA deduction . . . . . 32	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33	Student loan interest deduction . . . . . 33	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34	Reserved . . . . . 34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35	Domestic production activities deduction . . . . . 35	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36	Add line 23 through line 35 in each column, A through E . . . . . 36	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37	Total. Subtract line 36 from line 22b in each column, A through E. See instructions. . . . . 37	<input checked="" type="radio"/> 25,000	<input checked="" type="radio"/> 0	<input checked="" type="radio"/> 33,500	<input checked="" type="radio"/> 58,500	<input checked="" type="radio"/> 50,250

**Part III Adjustments to Federal Itemized Deductions**

38	Federal itemized deductions. Enter the amount from federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28 (or Schedule A (Form 1040NR), lines 1, 5, 6, 13, and 14). . . . . <input checked="" type="radio"/> 38	2,521
39	Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax), and line 8 (foreign taxes only) (or Schedule A (Form 1040NR), line 1). See instructions. . . . . <input checked="" type="radio"/> 39	2,446
40	Subtract line 39 from line 38. . . . . <input checked="" type="radio"/> 40	75
41	Other adjustments including California lottery losses. See instructions. Specify . . . . . <input checked="" type="radio"/> 41	
42	Combine line 40 and line 41. . . . . <input checked="" type="radio"/> 42	75
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 . . . . . \$187,203 Head of household . . . . . \$280,808 Married/RDP filing jointly or qualifying widow(er) . . . . . \$374,411 No. Transfer the amount on line 42 to line 43. Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 43 . . . . . <input checked="" type="radio"/> 43	75
44	Enter the larger of the amount on line 43 or your standard deduction. See instructions. . . . . <input checked="" type="radio"/> 44	4,236

**Part IV California Taxable Income**

45	California AGI. Enter your California AGI from line 37, column E . . . . . <input checked="" type="radio"/> 45	50,250
46	Enter your deductions from line 44 . . . . . <input checked="" type="radio"/> 46	4,236
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 1.0000, enter 1.0000. If less than zero, enter -0- . . . . . <input checked="" type="radio"/> 47	0.8590
48	California itemized/Standard Deductions. Multiply line 46 by the percentage on line 47 . . . . . <input checked="" type="radio"/> 48	3,639
49	California Taxable Income. Subtract line 48 from line 45. Transfer this amount to Long Form 540NR, line 35. If less than zero, enter -0- . . . . . <input checked="" type="radio"/> 49	46,611

Fiscal year filers only: Enter month of year end: month year 2018. Check here if this is an AMENDED return.

Personal information section including name (SANDY EGGO), SSN (123 45 6789), address (1122 OCEAN DRIVE, SAN DIEGO, CA 92108), and birth date (05/22/1987).

Marital status and prior name section. Filing status: Single. Spouse's/RDP's DOB and prior name fields are present.

Exemptions section. Total dependent exemptions: 0. Exemption amount: \$0.

Total Taxable Income section. Line 12: Total California wages from your Form(s) W-2, box 16: 00.

Total Taxable Income section (continued). Lines 13-19 showing adjustments and final total taxable income of 00.

22222		a Employee's social security number		OMB No. 1545-0008	
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld
c Employer's name, address, and ZIP code  <b>Research Institute La Jolla, Ca 92037</b>			3 Social security wages		4 Social security tax withheld
			5 Medicare wages and tips		6 Medicare tax withheld
			7 Social security tips		8 Allocated tips
d Control number			9		10 Dependent care benefits
e Employee's first name and initial		Last name	Suff.	11 Nonqualified plans	
<b>Sandy Eggo</b>		<b>1122 Ocean Drive</b>	<b>San Diego, Ca 92108</b>	12a	
				12b	
				12c	
f Employee's address and ZIP code			12d		
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
CA		<b>\$30,000</b>			
					20 Locality name

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

2017

Department of the Treasury—Internal Revenue Service

**Fiscal year filers only:** Enter month of year end: month \_\_\_\_\_ year 2018.  Check here if this is an AMENDED return.

Your first name **SANDY** Initial \_\_\_\_\_ Last name **EGGO** Suffix \_\_\_\_\_ Your SSN or ITIN **1 2 3 4 5 6 7 8 9**

If joint tax return, spouse's/RDP's first name \_\_\_\_\_ Initial \_\_\_\_\_ Last name \_\_\_\_\_ Suffix \_\_\_\_\_ Spouse's/RDP's SSN or ITIN \_\_\_\_\_

Additional information (See instructions) \_\_\_\_\_ PBA code \_\_\_\_\_

Street address (number and street) or PO box **1122 OCEAN DRIVE** Apt. no./ste. no. \_\_\_\_\_ PMB/private mailbox \_\_\_\_\_

City (If you have a foreign address, see instructions) **SAN DIEGO** State **CA** ZIP code **92108**

Foreign country name \_\_\_\_\_ Foreign province/state/country \_\_\_\_\_ Foreign postal code \_\_\_\_\_

Date of Birth  Your DOB (mm/dd/yyyy) **05 / 22 / 1987**  Spouse's/RDP's DOB (mm/dd/yyyy) \_\_\_\_\_

Prior Name 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 \_\_\_\_\_

Filing Status **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/RDP 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

**6** If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst.  **6**

► For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. **Whole dollars only**

**7 Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions.  **7**  X \$114 =  \$ **114**

**8 Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2  **8**  X \$114 =  \$ \_\_\_\_\_

**9 Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2.  **9**  X \$114 =  \$ \_\_\_\_\_

**10 Dependents:** Do not include yourself or your spouse/RDP.

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

Total dependent exemptions  **10**  X \$353 =  \$ \_\_\_\_\_

**11 Exemption amount:** Add line 7 through line 10  **11**  \$ **114**

**12 Total California wages from your Form(s) W-2, box 16**  **12** **30,000** 00

**13 Enter federal AGI from Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10**  **13** \_\_\_\_\_ 00

**14 California adjustments – subtractions.** Enter the amount from Schedule CA (540NR), line 37, column B  **14** \_\_\_\_\_ 00

**15 Subtract line 14 from line 13.** If less than zero, enter the result in parentheses. See instructions  **15** \_\_\_\_\_ 00

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

**17 Adjusted gross income from all sources.** Combine line 15 and line 16  **17** \_\_\_\_\_ 00

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

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

Income Adjustment Schedule		A	B	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. . . . . 22b	<input checked="" type="radio"/> 25,000	<input checked="" type="radio"/> 0	<input checked="" type="radio"/> 33,500	<input checked="" type="radio"/> 58,500	<input checked="" type="radio"/> 50,250
23	Educator expenses . . . . . 23	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
24	Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . . 24	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
25	Health savings account deduction . . . . . 25	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
26	Moving expenses . . . . . 26	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
27	Deductible part of self-employment tax . . . . . 27	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
28	Self-employed SEP, SIMPLE, and qualified plans . . . . . 28	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
29	Self-employed health insurance deduction . . . . . 29	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
30	Penalty on early withdrawal of savings . . . . . 30	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
31a	Alimony paid. b Enter recipient's: SSN <input checked="" type="radio"/> - - - - - Last name <input checked="" type="radio"/> . . . . . 31a	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
32	IRA deduction . . . . . 32	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
33	Student loan interest deduction . . . . . 33	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
34	Reserved . . . . . 34					
35	Domestic production activities deduction . . . . . 35	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
36	Add line 23 through line 35 in each column, A through E . . . . . 36	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
37	Total. Subtract line 36 from line 22b in each column, A through E. See instructions. . . . . 37	<input checked="" type="radio"/> 25,000	<input checked="" type="radio"/> 0	<input checked="" type="radio"/> 33,500	<input checked="" type="radio"/> 58,500	<input checked="" type="radio"/> 50,250

**Part III Adjustments to Federal Itemized Deductions**

38	Federal itemized deductions. Enter the amount from federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28 (or Schedule A (Form 1040NR), lines 1, 5, 6, 13, and 14). . . . . 38	<input checked="" type="radio"/> 2,521
39	Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax), and line 8 (foreign taxes only) (or Schedule A (Form 1040NR), line 1). See instructions. . . . . 39	<input checked="" type="radio"/> 2,446
40	Subtract line 39 from line 38. . . . . 40	<input checked="" type="radio"/> 75
41	Other adjustments including California lottery losses. See instructions. Specify . . . . . 41	<input checked="" type="radio"/>
42	Combine line 40 and line 41. . . . . 42	<input checked="" type="radio"/> 75
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 . . . . . \$187,203 Head of household . . . . . \$280,808 Married/RDP filing jointly or qualifying widow(er) . . . . . \$374,411 No. Transfer the amount on line 42 to line 43. Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 43 . . . . . 43	<input checked="" type="radio"/> 75
44	Enter the larger of the amount on line 43 or your standard deduction. See instructions. . . . . 44	<input checked="" type="radio"/> 4,236

**Part IV California Taxable Income**

45	California AGI. Enter your California AGI from line 37, column E . . . . . 45	<input checked="" type="radio"/> 50,250
46	Enter your deductions from line 44 . . . . . 46	<input checked="" type="radio"/> 4,236
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 1.0000, enter 1.0000. If less than zero, enter -0- . . . . . 47	<input checked="" type="radio"/> 0.8590
48	California itemized/standard deductions. Multiply line 46 by the percentage on line 47 . . . . . 48	<input checked="" type="radio"/> 3,639
49	California taxable income. Subtract line 48 from line 45. Transfer this amount to Long Form 540NR, line 35. If less than zero, enter -0- . . . . . 49	<input checked="" type="radio"/> 46,611

California Nonresident or Part-Year Resident Income Tax Return

Long Form

Fiscal year filers only: Enter month of year end: month year 2018. Check here if this is an AMENDED return.

Personal information section including name (SANDY EGGO), SSN (123 45 6789), address (1122 OCEAN DRIVE, SAN DIEGO, CA 92108), and birth date (05/22/1987).

Marital status and prior name section. Filing status: Single. Includes fields for spouse's/RDP's DOB and prior names.

Exemptions section. Includes checkboxes for dependent exemptions (Blind, Senior, Dependents) and a table for dependent details.

Exemption table with columns for Dependent 1, 2, and 3. Rows include First Name, Last Name, SSN, and Dependent's relationship to you.

Total Taxable Income section. Lines 12-19 showing calculations for wages (30,000), federal AGI (25,000), and total taxable income.

Income Adjustment Schedule	A	B	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>b</b> Enter totals from Side 1, line 22a, col. A through col. E . . . . . 22b	<input checked="" type="radio"/> 25,000	<input checked="" type="radio"/> 0	<input checked="" type="radio"/> 33,500	<input checked="" type="radio"/> 58,500	<input checked="" type="radio"/> 50,250
23 Educator expenses . . . . . 23	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
24 Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . . 24	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
25 Health savings account deduction . . . . . 25	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
26 Moving expenses . . . . . 26	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
27 Deductible part of self-employment tax . . . 27	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
28 Self-employed SEP, SIMPLE, and qualified plans . . . . . 28	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
29 Self-employed health insurance deduction 29	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
30 Penalty on early withdrawal of savings . . 30	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
31a Allimony paid. <b>b</b> Enter recipient's SSN <input checked="" type="radio"/> - - - - - Last name <input checked="" type="radio"/> . . . . . 31a	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
32 IRA deduction . . . . . 32	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
33 Student loan interest deduction . . . . . 33	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
34 Reserved . . . . . 34					
35 Domestic production activities deduction . 35	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
36 Add line 23 through line 35 in each column, A through E . . . . . 36	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
37 <b>Total.</b> Subtract line 36 from line 22b in each column, A through E. See instructions. . . . 37	<input checked="" type="radio"/> 25,000	<input checked="" type="radio"/> 0	<input checked="" type="radio"/> 33,500	<input checked="" type="radio"/> 58,500	<input checked="" type="radio"/> 50,250

**Part III Adjustments to Federal Itemized Deductions**

38 <b>Federal Itemized Deductions.</b> Enter the amount from federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28 (or Schedule A (Form 1040NR), lines 1, 5, 6, 13, and 14) . . . . . 38	<input checked="" type="radio"/> 2,521
39 Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax), and line 8 (foreign taxes <b>only</b> ) (or Schedule A (Form 1040NR), line 1). See instructions. . . . . 39	<input checked="" type="radio"/> 2,446
40 Subtract line 39 from line 38 . . . . . 40	<input checked="" type="radio"/> 75
41 Other adjustments including California lottery losses. See instructions. Specify . . . . . 41	<input checked="" type="radio"/>
42 Combine line 40 and line 41. . . . . 42	<input checked="" type="radio"/> 75
43 <b>Is your federal AGI (Long Form 540NR, line 13) more than the amount shown below for your filing status?</b>	
Single or married/RDP filing separately . . . . . \$187,203	
Head of household . . . . . \$280,808	
Married/RDP filing jointly or qualifying widow(er) . . . . . \$374,411	
<b>No.</b> Transfer the amount on line 42 to line 43.	
<b>Yes.</b> Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 43 . . . . . 43	<input checked="" type="radio"/> 75
44 Enter the larger of the amount on line 43 or your standard deduction. See instructions . . . . . 44	<input checked="" type="radio"/> 4,236

**Part IV California Taxable Income**

45 <b>California AGI.</b> Enter your California AGI from line 37, column E . . . . . 45	<input checked="" type="radio"/> 50,250
46 Enter your deductions from line 44 . . . . . 46	<input checked="" type="radio"/> 4,236
47 <b>Deduction Percentage.</b> Divide line 37, column E by line 37, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- . . . . . 47	<input checked="" type="radio"/> 0.8590
48 <b>California Itemized/Standard Deductions.</b> Multiply line 46 by the percentage on line 47 . . . . . 48	<input checked="" type="radio"/> 3,639
49 <b>California Taxable Income.</b> Subtract line 48 from line 45. Transfer this amount to Long Form 540NR, line 35. If less than zero, enter -0- . . . . . 49	<input checked="" type="radio"/> 46,611



Fiscal year filers only: Enter month of year end: month year 2018. Check here if this is an AMENDED return.

Personal information section including name (SANDY EGGO), SSN (123 45 6789), address (1122 OCEAN DRIVE), and city (SAN DIEGO).

Birth date (05/22/1987) and prior name information.

Filing status section with options for Single, Married/RDP filing jointly, etc.

Exemptions section including dependent exemptions and total exemption amount (114).

Table with 3 columns: Dependent 1, Dependent 2, Dependent 3. Rows include First Name, Last Name, SSN, and Dependent's relationship to you.

Total dependent exemptions calculation: 10 X \$353 = 114

Total Taxable Income section with lines 12 through 19, showing wages (30,000) and final taxable income (25,000).

Income Adjustment Schedule		A	B	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 . . . . . 22b	<input checked="" type="radio"/> 25,000	<input checked="" type="radio"/> 0	<input checked="" type="radio"/> 33,500	<input checked="" type="radio"/> 58,500	<input checked="" type="radio"/> 50,250
23	Educator expenses . . . . . 23	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
24	Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . . 24	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
25	Health savings account deduction . . . . . 25	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
26	Moving expenses . . . . . 26	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
27	Deductible part of self-employment tax . . . . . 27	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
28	Self-employed SEP, SIMPLE, and qualified plans . . . . . 28	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
29	Self-employed health insurance deduction . . . . . 29	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
30	Penalty on early withdrawal of savings . . . . . 30	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
31a	Alimony paid. b Enter recipient's: SSN <input checked="" type="radio"/> - - - - Last name <input checked="" type="radio"/> . . . . . 31a	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
32	IRA deduction . . . . . 32	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
33	Student loan interest deduction . . . . . 33	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
34	Reserved . . . . . 34					
35	Domestic production activities deduction . . . . . 35	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
36	Add line 23 through line 35 in each column, A through E . . . . . 36	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
37	Total. Subtract line 36 from line 22b in each column, A through E. See instructions. . . . . 37	<input checked="" type="radio"/> 25,000	<input checked="" type="radio"/> 0	<input checked="" type="radio"/> 33,500	<input checked="" type="radio"/> 58,500	<input checked="" type="radio"/> 50,250

**Part III Adjustments to Federal Itemized Deductions**

38	Federal Itemized Deductions. Enter the amount from federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28 (or Schedule A (Form 1040NR), lines 1, 5, 6, 13, and 14). . . . . 38	<input checked="" type="radio"/> 2,521
39	Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax), and line 8 (foreign taxes only) (or Schedule A (Form 1040NR), line 1). See instructions. . . . . 39	<input checked="" type="radio"/> 2,446
40	Subtract line 39 from line 38 . . . . . 40	<input checked="" type="radio"/> 75
41	Other adjustments including California lottery losses. See instructions. Specify . . . . . 41	<input checked="" type="radio"/>
42	Combine line 40 and line 41. . . . . 42	<input checked="" type="radio"/> 75
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 . . . . . \$187,203 Head of household . . . . . \$280,808 Married/RDP filing jointly or qualifying widow(er) . . . . . \$374,411 No. Transfer the amount on line 42 to line 43. Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 43 . . . . . 43	<input checked="" type="radio"/> 75
44	Enter the larger of the amount on line 43 or your standard deduction. See instructions. . . . . 44	<input checked="" type="radio"/> 4,236

**Part IV California Taxable Income**

45	California AGI. Enter your California AGI from line 37, column E . . . . . 45	<input checked="" type="radio"/> 50,250
46	Enter your deductions from line 44 . . . . . 46	<input checked="" type="radio"/> 4,236
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 1.0000, enter 1.0000. If less than zero, enter -0- . . . . . 47	<input checked="" type="radio"/> 0.8590
48	California Itemized/Standard Deductions. Multiply line 46 by the percentage on line 47 . . . . . 48	<input checked="" type="radio"/> 3,639
49	California Taxable Income. Subtract line 48 from line 45. Transfer this amount to Long Form 540NR, line 35. If less than zero, enter -0- . . . . . 49	<input checked="" type="radio"/> 46,611

Fiscal year filers only: Enter month of year end: month year 2018. Check here if this is an AMENDED return.

Personal information section including name (SANDY EGGO), SSN (123 45 6789), address (1122 OCEAN DRIVE, SAN DIEGO, CA 92108), and date of birth (05/22/1987).

Marital status section with options for Single, Married/RDP filing jointly, Married/RDP filing separately, Head of household, and Qualifying widow(er).

Exemptions section including dependent exemptions table with columns for Dependent 1, 2, and 3, and fields for First Name, Last Name, SSN, and relationship.

Total Taxable Income section with lines 7 through 19, including calculations for total wages (30,000), federal AGI (25,000), and final total taxable income (58,500).

Income Adjustment Schedule		A	B	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	Enter totals from Side 1, line 22a, col. A through col. E. . . . . 22b	<input checked="" type="radio"/> 25,000	<input checked="" type="radio"/> 0	<input checked="" type="radio"/> 33,500	<input checked="" type="radio"/> 58,500	<input checked="" type="radio"/> 50,250
23	Educator expenses. . . . . 23	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. . . . . 24	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
25	Health savings account deduction. . . . . 25	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
26	Moving expenses. . . . . 26	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
27	Deductible part of self-employment tax. . . . . 27	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
28	Self-employed SEP, SIMPLE, and qualified plans. . . . . 28	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
29	Self-employed health insurance deduction. . . . . 29	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
30	Penalty on early withdrawal of savings. . . . . 30	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
31a	Alimony paid. <b>b</b> Enter recipient's SSN <input checked="" type="radio"/> - - - - - Last name <input checked="" type="radio"/> . . . . . 31a	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
32	IRA deduction. . . . . 32	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
33	Student loan interest deduction. . . . . 33	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
34	Reserved. . . . . 34					
35	Domestic production activities deduction. . . . . 35	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
36	Add line 23 through line 35 in each column, A through E. . . . . 36	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
37	<b>Total.</b> Subtract line 36 from line 22b in each column, A through E. See instructions. . . . . 37	<input checked="" type="radio"/> 25,000	<input checked="" type="radio"/> 0	<input checked="" type="radio"/> 33,500	<input checked="" type="radio"/> 58,500	<input checked="" type="radio"/> 50,250

**Part III Adjustments to Federal Itemized Deductions**

38	<b>Federal Itemized Deductions.</b> Enter the amount from federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28 (or Schedule A (Form 1040NR), lines 1, 5, 6, 13, and 14). . . . . <input checked="" type="radio"/> 38	2,521
39	Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax), and line 8 (foreign taxes <b>only</b> ) (or Schedule A (Form 1040NR), line 1). See instructions. . . . . <input checked="" type="radio"/> 39	2,446
40	Subtract line 39 from line 38. . . . . <input checked="" type="radio"/> 40	75
41	Other adjustments including California lottery losses. See instructions. Specify . . . . . <input checked="" type="radio"/> 41	
42	Combine line 40 and line 41. . . . . <input checked="" type="radio"/> 42	75
43	<b>Is your federal AGI (Long Form 540NR, line 13) more than the amount shown below for your filing status?</b> Single or married/RDP filing separately . . . . . \$187,203 Head of household . . . . . \$280,808 Married/RDP filing jointly or qualifying widow(er) . . . . . \$374,411 <b>No.</b> Transfer the amount on line 42 to line 43. <b>Yes.</b> Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 43. . . . . <input checked="" type="radio"/> 43	75
44	Enter the larger of the amount on line 43 or your standard deduction. See instructions. . . . . <input checked="" type="radio"/> 44	4,236

**Part IV California Taxable Income**

45	<b>California AGI.</b> Enter your California AGI from line 37, column E. . . . . <input checked="" type="radio"/> 45	50,250
46	Enter your deductions from line 44. . . . . <input checked="" type="radio"/> 46	4,236
47	<b>Deduction Percentage.</b> Divide line 37, column E by line 37, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0-. . . . . <input checked="" type="radio"/> 47	0.8590
48	<b>California Itemized/Standard Deductions.</b> Multiply line 46 by the percentage on line 47. . . . . <input checked="" type="radio"/> 48	3,639
49	<b>California Taxable Income.</b> Subtract line 48 from line 45. Transfer this amount to Long Form 540NR, line 35. If less than zero, enter -0-. . . . . <input checked="" type="radio"/> 49	46,611

Fiscal year filers only: Enter month of year end: month year 2018. Check here if this is an AMENDED return.

Personal information section including name (SANDY EGGO), SSN (123 45 6789), address (1122 OCEAN DRIVE, SAN DIEGO, CA 92108), and birth date (05 22 1987).

Prior Date of Birth and Name sections for filer and spouse/RDP.

Filing Status section with options for Single, Married/RDP filing jointly, Married/RDP filing separately, Head of household, and Qualifying widow(er).

Exemptions section including lines 7-10 for Personal, Blind, Senior, and Dependents.

Table for dependent exemptions with columns for Dependent 1, 2, and 3, including fields for First Name, Last Name, SSN, and relationship.

Total Taxable Income section with lines 12-19 showing calculations for wages, federal AGI, adjustments, and final total taxable income of 54,264.

Page 85  
Total Taxable Income \$54,264

**2017 California Tax Table** – Continued

Filing status: 1 or 3 (Single; Married/RDP Filing Separately)			2 or 5 (Married/RDP Filing Jointly; Qualifying Widow(er))			4 (Head of Household)								
If Your Taxable Income Is ...		The Tax For Filing Status			If Your Taxable Income Is ...		The Tax For Filing Status			If Your Taxable Income Is ...		The Tax For Filing Status		
At Least	But Not Over	1 Or 3 Is	2 Or 5 Is	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 Is	2 Or 5 Is	4 Is
40,451	40,550	1,342	676	676	47,451	47,550	1,858	956	956	54,451	54,550	2,425	1,236	1,320
40,551	40,650	1,348	680	680	47,551	47,650	1,866	960	960	54,551	54,650	2,434	1,240	1,326
40,651	40,750	1,354	684	684	47,651	47,750	1,874	964	964	54,651	54,750	2,444	1,244	1,332
40,751	40,850	1,360	688	688	47,751	47,850	1,882	968	968	54,751	54,850	2,453	1,248	1,338
40,851	40,950	1,366	692	692	47,851	47,950	1,890	972	972	54,851	54,950	2,462	1,252	1,344
40,951	41,050	1,372	696	696	47,951	48,050	1,898	976	976	54,951	55,050	2,472	1,256	1,350
41,051	41,150	1,378	700	700	48,051	48,150	1,906	980	980	55,051	55,150	2,481	1,260	1,356
41,151	41,250	1,384	704	704	48,151	48,250	1,914	984	984	55,151	55,250	2,490	1,264	1,362
41,251	41,350	1,390	708	708	48,251	48,350	1,922	988	988	55,251	55,350	2,499	1,268	1,368
41,351	41,450	1,396	712	712	48,351	48,450	1,930	992	992	55,351	55,450	2,509	1,272	1,374
41,451	41,550	1,402	716	716	48,451	48,550	1,938	996	996	55,451	55,550	2,518	1,276	1,380
41,551	41,650	1,408	720	720	48,551	48,650	1,946	1,000	1,000	55,551	55,650	2,527	1,280	1,386
41,651	41,750	1,414	724	724	48,651	48,750	1,954	1,004	1,004	55,651	55,750	2,537	1,284	1,392
41,751	41,850	1,420	728	728	48,751	48,850	1,962	1,008	1,008	55,751	55,850	2,546	1,288	1,398
41,851	41,950	1,426	732	732	48,851	48,950	1,970	1,012	1,012	55,851	55,950	2,555	1,292	1,404
46,451	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
46,551	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
46,651	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
46,751	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
46,851	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
46,951	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
47,051	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
47,151	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
47,251	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
47,351	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

Continued on next page.

Your name: **EGGO**

Your SSN or ITIN: **1 2 3 4 5 6 7 8 9**

CA Taxable Income

31	Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803	31	2,406	00
32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 45	32		00
35	CA Taxable Income from Schedule CA (540NR), Part IV, line 49	35		00
36	CA Tax Rate. Divide line 31 by line 19	36		
37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	37		00
38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000	38		
39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$187,203, see instructions	39		00
40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-	40		00
41	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A	41		00
42	Add line 40 and line 41	42		00

Special Credits

50	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form 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
54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions	54		
55	Credit amount. See instructions	55		00
58	Enter credit name _____ 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 credits	62		00
63	Subtract line 62 from line 42. If less than zero, enter -0-	63		00

Other Taxes

71	Alternative minimum tax. Attach Schedule P (540NR)	71		00
72	Mental Health Services Tax. See instructions	72		00
73	Other taxes and credit recapture. See instructions	73		00
74	Add line 63, line 71, line 72, and line 73. This is your total tax	74		00

Payments

81	California income tax withheld. See instructions	81		00
82	2017 CA estimated tax and other payments. See instructions	82		00
83	Withholding (Form 592-B and/or 593). See instructions	83		00
84	Excess SDI (or VPD) withheld. See instructions	84		00
85	Earned Income Tax Credit (EITC)	85		00
86	Add lines 81 through 85. These are your total payments. See instructions	86		00

Overpaid Tax/Tax Due

101	Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86	101		00
102	Amount of line 101 you want applied to your 2018 estimated tax	102		00
103	Overpaid tax available this year. Subtract line 102 from line 101	103		00
104	Tax due. If line 86 is less than line 74, subtract line 86 from line 74	104		00

Income Adjustment Schedule		A	B	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. . . . . 22b	<input checked="" type="radio"/> 25,000	<input checked="" type="radio"/> 0	<input checked="" type="radio"/> 33,500	<input checked="" type="radio"/> 58,500	<input checked="" type="radio"/> 50,250
23	Educator expenses . . . . . 23	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
24	Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . . 24	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
25	Health savings account deduction . . . . . 25	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
26	Moving expenses . . . . . 26	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
27	Deductible part of self-employment tax . . . . . 27	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
28	Self-employed SEP, SIMPLE, and qualified plans . . . . . 28	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
29	Self-employed health insurance deduction . . . . . 29	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
30	Penalty on early withdrawal of savings . . . . . 30	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
31a	Alimony paid. b Enter recipient's SSN <input checked="" type="radio"/> - <input type="text"/> - <input type="text"/> Last name <input checked="" type="radio"/> . . . . . 31a	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
32	IRA deduction . . . . . 32	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
33	Student loan interest deduction . . . . . 33	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
34	Reserved . . . . . 34					
35	Domestic production activities deduction . . . . . 35	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
36	Add line 23 through line 35 in each column, A through E . . . . . 36	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
37	Total. Subtract line 36 from line 22b in each column, A through E. See instructions. . . . . 37	<input checked="" type="radio"/> 25,000	<input checked="" type="radio"/> 0	<input checked="" type="radio"/> 33,500	<input checked="" type="radio"/> 58,500	<input checked="" type="radio"/> 50,250

**Part III Adjustments to Federal Itemized Deductions**

38	Federal Itemized Deductions. Enter the amount from federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28 (or Schedule A (Form 1040NR), lines 1, 5, 6, 13, and 14) . . . . . 38	<input checked="" type="radio"/> 2,521
39	Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax), and line 8 (foreign taxes only) (or Schedule A (Form 1040NR), line 1). See instructions. . . . . 39	<input checked="" type="radio"/> 2,446
40	Subtract line 39 from line 38 . . . . . 40	<input checked="" type="radio"/> 75
41	Other adjustments including California lottery losses. See instructions. Specify <input type="text"/> . . . . . 41	<input checked="" type="radio"/>
42	Combine line 40 and line 41. . . . . 42	<input checked="" type="radio"/> 75
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 . . . . . \$187,203 Head of household . . . . . \$280,808 Married/RDP filing jointly or qualifying widow(er) . . . . . \$374,411 No. Transfer the amount on line 42 to line 43. Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 43 . . . . . 43	<input checked="" type="radio"/> 75
44	Enter the larger of the amount on line 43 or your standard deduction. See instructions . . . . . 44	<input checked="" type="radio"/> 4,236

**Part IV California Taxable Income**

45	California AGI. Enter your California AGI from line 37, column E . . . . . 45	<input checked="" type="radio"/> 50,250
46	Enter your deductions from line 44 . . . . . 46	<input checked="" type="radio"/> 4,236
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 1.0000, enter 1.0000. If less than zero, enter -0- . . . . . 47	<input checked="" type="radio"/> 0.8590
48	California Itemized/Standard Deductions. Multiply line 46 by the percentage on line 47 . . . . . 48	<input checked="" type="radio"/> 3,639
49	California Taxable Income. Subtract line 48 from line 45. Transfer this amount to Long Form 540NR, line 35. If less than zero, enter -0- . . . . . 49	<input checked="" type="radio"/> 46,611



Your name: **EGGO** Your SSN or ITIN: **1 2 3 4 5 6 7 8 9**

CA Taxable Income

31	Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803	31	2,406	00
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	00
36	CA Tax Rate. Divide line 31 by line 19	36		
37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	37		00
38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000	38		
39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$187,203, see instructions	39		00
40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-	40		00
41	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A	41		00
42	Add line 40 and line 41	42		00

Special Credits

50	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form 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
54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions	54		
55	Credit amount. See instructions	55		00
58	Enter credit name _____ 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 credits	62		00
63	Subtract line 62 from line 42. If less than zero, enter -0-	63		00

Other Taxes

71	Alternative minimum tax. Attach Schedule P (540NR)	71		00
72	Mental Health Services Tax. See instructions	72		00
73	Other taxes and credit recapture. See instructions	73		00
74	Add line 63, line 71, line 72, and line 73. This is your total tax	74		00

Payments

81	California income tax withheld. See instructions	81		00
82	2017 CA estimated tax and other payments. See instructions	82		00
83	Withholding (Form 592-B and/or 593). See instructions	83		00
84	Excess SDI (or VPD) withheld. See instructions	84		00
85	Earned Income Tax Credit (EITC)	85		00
86	Add lines 81 through 85. These are your total payments. See instructions	86		00

Overpaid Tax/Tax Due

101	Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86	101		00
102	Amount of line 101 you want applied to your 2018 estimated tax	102		00
103	Overpaid tax available this year. Subtract line 102 from line 101	103		00
104	Tax due. If line 86 is less than line 74, subtract line 86 from line 74	104		00

Your name: **EGGO** Your SSN or ITIN: **1 2 3 4 5 6 7 8 9**

CA Taxable Income

31	Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803	31	2,406	00
32	CA adjusted gross income from 5	32	50,250	00
35	CA Taxable Income from Schedule 2,406/54,264	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. Multiply line 35 by line 36	37		00
38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000	38		
39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$187,203, see instructions	39		00
40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-	40		00
41	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A	41		00
42	Add line 40 and line 41	42		00

Special Credits

50	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form 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
54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions	54		
55	Credit amount. See instructions	55		00
58	Enter credit name 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 credits	62		00
63	Subtract line 62 from line 42. If less than zero, enter -0-	63		00

Other Taxes

71	Alternative minimum tax. Attach Schedule P (540NR)	71		00
72	Mental Health Services Tax. See instructions	72		00
73	Other taxes and credit recapture. See instructions	73		00
74	Add line 63, line 71, line 72, and line 73. This is your total tax	74		00

Payments

81	California income tax withheld. See instructions	81		00
82	2017 CA estimated tax and other payments. See instructions	82		00
83	Withholding (Form 592-B and/or 593). See instructions	83		00
84	Excess SDI (or VPD) withheld. See instructions	84		00
85	Earned Income Tax Credit (EITC)	85		00
86	Add lines 81 through 85. These are your total payments. See instructions	86		00

Overpaid Tax/Tax Due

101	Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86	101		00
102	Amount of line 101 you want applied to your 2018 estimated tax	102		00
103	Overpaid tax available this year. Subtract line 102 from line 101	103		00
104	Tax due. If line 86 is less than line 74, subtract line 86 from line 74	104		00

Your name: **EGGO**

Your SSN or ITIN: **1 2 3 4 5 6 7 8 9**

CA Taxable Income

31	Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803	31	2,406	00
32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 45	32	50,250	00
35	CA Taxable Income from <b>\$46,611 * .0444</b>	35	46,611	00
36	CA Tax Rate. Divide line 35 by line 32. Enter 1.0000 if more than 1. <b>0 0 4 4 4</b>	36	0 0 4 4 4	
37	CA Tax Before Exemption Credits. Multiply line 35 by line 36.	37	2,070	00
38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000.	38		
39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$187,203, see instructions.	39		00
40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-	40		00
41	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A	41		00
42	Add line 40 and line 41.	42		00

Special Credits

50	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form 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
54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions.	54		
55	Credit amount. See instructions.	55		00
58	Enter credit name _____ 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 credits.	62		00
63	Subtract line 62 from line 42. If less than zero, enter -0-	63		00

Other Taxes

71	Alternative minimum tax. Attach Schedule P (540NR)	71		00
72	Mental Health Services Tax. See instructions.	72		00
73	Other taxes and credit recapture. See instructions.	73		00
74	Add line 63, line 71, line 72, and line 73. This is your total tax.	74		00

Payments

81	California income tax withheld. See instructions.	81		00
82	2017 CA estimated tax and other payments. See instructions.	82		00
83	Withholding (Form 592-B and/or 593). See instructions.	83		00
84	Excess SDI (or VPD) withheld. See instructions.	84		00
85	Earned Income Tax Credit (EITC)	85		00
86	Add lines 81 through 85. These are your total payments. See instructions.	86		00

Overpaid Tax/Tax Due

101	Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86.	101		00
102	Amount of line 101 you want applied to your 2018 estimated tax.	102		00
103	Overpaid tax available this year. Subtract line 102 from line 101.	103		00
104	Tax due. If line 86 is less than line 74, subtract line 86 from line 74.	104		00

Your name: **EGGO** Your SSN or ITIN: **1 2 3 4 5 6 7 8 9**

CA Taxable Income

31	Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803	31	2,406	00
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	00
36	CA Tax Rate. Divide line 35 by line 32. If more than 1, enter 1.0000	36	0 0 4 4 4	
37	CA Tax Before Exemption Credit	37	2,070	00
38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, 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 is more than \$187,203, see instructions	39		00
40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-	40		00
41	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A	41		00
42	Add line 40 and line 41	42		00

46,611 / 54,264

Special Credits

50	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form 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
54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions	54		
55	Credit amount. See instructions	55		00
58	Enter credit name _____ 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 credits	62		00
63	Subtract line 62 from line 42. If less than zero, enter -0-	63		00

Other Taxes

71	Alternative minimum tax. Attach Schedule P (540NR)	71		00
72	Mental Health Services Tax. See instructions	72		00
73	Other taxes and credit recapture. See instructions	73		00
74	Add line 63, line 71, line 72, and line 73. This is your total tax	74		00

Payments

81	California income tax withheld. See instructions	81		00
82	2017 CA estimated tax and other payments. See instructions	82		00
83	Withholding (Form 592-B and/or 593). See instructions	83		00
84	Excess SDI (or VPD) withheld. See instructions	84		00
85	Earned Income Tax Credit (EITC)	85		00
86	Add lines 81 through 85. These are your total payments. See instructions	86		00

Overpaid Tax/Tax Due

101	Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86	101		00
102	Amount of line 101 you want applied to your 2018 estimated tax	102		00
103	Overpaid tax available this year. Subtract line 102 from line 101	103		00
104	Tax due. If line 86 is less than line 74, subtract line 86 from line 74	104		00

Your name: **EGGO**

Your SSN or ITIN: **1 2 3 4 5 6 7 8 9**

Section	Line	Description	Amount
CA Taxable Income	31	Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803	2,406.00
	32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 45	50,250.00
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 49	46,611.00
	36	CA Tax Rate. Divide line 31 by line 19	0.0444
	37	CA Tax Before Exemption Credits	2,070.00
	38	CA Exemption Credit Percentage. <b>\$114 * .8590</b> (enter 1.0000)	0.8590
	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$187,203, see instructions.	98.00
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-	0.00
Special Credits	50	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506	0.00
	51	Credit for joint custody head of household. See instructions.	0.00
	52	Credit for dependent parent. See instructions.	0.00
	53	Credit for senior head of household. See instructions.	0.00
	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions.	0.8590
	55	Credit amount. See instructions.	0.00
	58	Enter credit name _____ code _____ and amount _____	0.00
	59	Enter credit name _____ code _____ and amount _____	0.00
Other Taxes	60	To claim more than two credits. See instructions.	0.00
	61	Nonrefundable renter's credit. See instructions.	0.00
	62	Add line 50 and line 55 through 61. These are your total credits	0.00
	63	Subtract line 62 from line 42. If less than zero, enter -0-	0.00
Other Taxes	71	Alternative minimum tax. Attach Schedule P (540NR)	0.00
	72	Mental Health Services Tax. See instructions.	0.00
	73	Other taxes and credit recapture. See instructions.	0.00
	74	Add line 63, line 71, line 72, and line 73. This is your total tax.	0.00
Payments	81	California income tax withheld. See instructions.	0.00
	82	2017 CA estimated tax and other payments. See instructions.	0.00
	83	Withholding (Form 592-B and/or 593). See instructions.	0.00
	84	Excess SDI (or VPD) withheld. See instructions.	0.00
	85	Earned Income Tax Credit (EITC)	0.00
	86	Add lines 81 through 85. These are your total payments. See instructions.	0.00
Overpaid Tax/Tax Due	101	Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86	0.00
	102	Amount of line 101 you want applied to your 2018 estimated tax.	0.00
	103	Overpaid tax available this year. Subtract line 102 from line 101.	0.00
	104	Tax due. If line 86 is less than line 74, subtract line 86 from line 74	0.00

Your name: **EGGO**

Your SSN or ITIN: **1 2 3 4 5 6 7 8 9**

CA Taxable Income

31	Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803	31	2,406	00
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	00
36	CA Tax Rate. Divide line 31 by line 19	36	0 0 4 4 4	
37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	37	2,070	00
38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, 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 is more than \$187,203, see instructions	39	98	00
40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-	40	1,972	00
41	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A	41	0	00
42	Add line 40 and line 41	42	1,972	00

2,070 - 98

Special Credits

50	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form 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
54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions	54		
55	Credit amount. See instructions	55		00
58	Enter credit name _____ 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 credits	62		00
63	Subtract line 62 from line 42. If less than zero, enter -0-	63		00

Other Taxes

71	Alternative minimum tax. Attach Schedule P (540NR)	71		00
72	Mental Health Services Tax. See instructions	72		00
73	Other taxes and credit recapture. See instructions	73		00
74	Add line 63, line 71, line 72, and line 73. This is your total tax	74		00

Payments

81	California income tax withheld. See instructions	81		00
82	2017 CA estimated tax and other payments. See instructions	82		00
83	Withholding (Form 592-B and/or 593). See instructions	83		00
84	Excess SDI (or VPD) withheld. See instructions	84		00
85	Earned Income Tax Credit (EITC)	85		00
86	Add lines 81 through 85. These are your total payments. See instructions	86		00

Overpaid Tax/Tax Due

101	Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86	101		00
102	Amount of line 101 you want applied to your 2018 estimated tax	102		00
103	Overpaid tax available this year. Subtract line 102 from line 101	103		00
104	Tax due. If line 86 is less than line 74, subtract line 86 from line 74	104		00

Your name: **EGGO** Your SSN or ITIN: **1 2 3 4 5 6 7 8 9**

CA Taxable Income

31	Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803	31	2,406	00
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	00
36	CA Tax Rate. Divide line 31 by line 19	36	0 0 4 4 4	
37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	37	2,070	00
38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, 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 is more than \$187,203, see instructions	39	98	00
40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-	40	1,972	00
41	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A	41	0	00
42	Add line 40 and line 41	42	1,972	00

Special Credits

50	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form 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
54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions	54		
55	Credit amount. See instructions	55		00
58	Enter credit name <input type="text"/> code <input type="text"/> and amount	58		00
59	Enter credit name <input type="text"/> code <input type="text"/> and amount	59		00
60	To claim more than two credits. See instructions	60		00
61	Nonrefundable renter's credit. See instructions	61	0	00
62	Add line 50 and line 55 through 61. These are your total credits	62		00
63	Subtract line 62 from line 42. If less than zero, enter -0-	63		00

Other Taxes

71	Alternative minimum tax. Attach Schedule P (540NR)	71		00
72	Mental Health Services Tax. See instructions	72		00
73	Other taxes and credit recapture. See instructions	73		00
74	Add line 63, line 71, line 72, and line 73. This is your total other taxes	74		00

Payments

81	California income tax withheld. See instructions	81		00
82	2017 CA estimated tax and other payments. See instructions	82		00
83	Withholding (Form 592-B and/or 593). See instructions	83		00
84	Excess SDI (or VPMI) withheld. See instructions	84		00
85	Earned Income Tax Credit (EITC)	85		00
86	Add lines 81 through 85. These are your total payments. See instructions	86		00

Overpaid Tax/Tax Due

101	Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86	101		00
102	Amount of line 101 you want applied to your 2018 estimated tax	102		00
103	Overpaid tax available this year. Subtract line 102 from line 101	103		00
104	Tax due. If line 86 is less than line 74, subtract line 86 from line 74	104		00

Nonresidents are not eligible for the renter's Credit.  
Eligible if resident for six months or more and AGI from all sources is \$40,078 or less if single or MFS.

Your name: **EGGO**

Your SSN or ITIN: **1 2 3 4 5 6 7 8 9**

CA Taxable Income

31	Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803	31	2,406	00
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	00
36	CA Tax Rate. Divide line 31 by line 19	36	0 0 4 4 4	
37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	37	2,070	00
38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, 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 is more than \$187,203, see instructions	39	98	00
40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-	40	1,972	00
41	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A	41	0	00
42	Add line 40 and line 41	42	1,972	00

Special Credits

50	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form 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
54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions	54		
55	Credit amount. See instructions	55		00
58	Enter credit name <input type="text"/> code <input type="text"/> and amount	58		00
59	Enter credit name <input type="text"/> code <input type="text"/> 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	62	0	00
63	Subtract line 62 from line 42. If less than zero, enter -0-	63	1,972	00

Other Taxes

71	Alternative minimum tax. Attach Schedule P (540NR)	71		00
72	Mental Health Services Tax. See instructions	72		00
73	Other taxes and credit recapture. See instructions	73		00
74	Add line 63, line 71, line 72, and line 73. This is your total tax	74		00

Payments

81	California income tax withheld. See instructions	81		00
82	2017 CA estimated tax and other payments. See instructions	82		00
83	Withholding (Form 592-B and/or 593). See instructions	83		00
84	Excess SDI (or VPD) withheld. See instructions	84		00
85	Earned Income Tax Credit (EITC)	85		00
86	Add lines 81 through 85. These are your total payments. See instructions	86		00

Overpaid Tax/Tax Due

101	Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86	101		00
102	Amount of line 101 you want applied to your 2018 estimated tax	102		00
103	Overpaid tax available this year. Subtract line 102 from line 101	103		00
104	Tax due. If line 86 is less than line 74, subtract line 86 from line 74	104		00



Your name: **EGGO** Your SSN or ITIN: **1 2 3 4 5 6 7 8 9**

**CA Taxable Income**

31	Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803	31	2,406	00
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	00
36	CA Tax Rate. Divide line 31 by line 19	36	0 0 4 4 4	
37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	37	2,070	00
38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, 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 is more than \$187,203, see instructions	39	98	00
40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-	40	1,972	00
41	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A	41	0	00
42	Add line 40 and line 41	42	1,972	00

**Special Credits**

50	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form 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
54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions	54		
55	Credit amount. See instructions	55		00
58	Enter credit name _____ 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 credits	62	0	00
63	Subtract line 62 from line 42. If less than zero, enter -0-	63	1,972	00

**Other Taxes**

71	Alternative minimum tax. Attach Schedule P (540NR)	71		00
72	Mental Health Services Tax. See instructions	72		00
73	Other taxes and credit recapture. See instructions	73		00
74	Add line 63, line 71, line 72, and line 73. This is your total tax	74	1,972	00

**Payments**

81	California income tax withheld. See instructions	81		00
82	2017 CA estimated tax and other payments. See instructions	82		00
83	Withholding (Form 592-B and/or 593). See instructions	83		00
84	Excess SDI (or VPMI) withheld. See instructions	84		00
85	Earned Income Tax Credit (EITC)	85		00
86	Add lines 81 through 85. These are your total payments. See instructions	86		00

**Overpaid Tax/Tax Due**

101	Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86	101		00
102	Amount of line 101 you want applied to your 2018 estimated tax	102		00
103	Overpaid tax available this year. Subtract line 102 from line 101	103		00
104	Tax due. If line 86 is less than line 74, subtract line 86 from line 74	104		00

22222		a Employee's social security number <b>123-45-6789</b>		OMB No. 1545-0008		
b Employer identification number (EIN) <b>33-0000000</b>		1 Wages, tips, other compensation <b>25,000</b>		2 Federal income tax withheld		
c Employer's name, address, and ZIP code <b>Research Institute La Jolla, CA 92037</b>		3 Social security wages		4 Social security tax withheld		
		5 Medicare wages and tips		6 Medicare tax withheld		
		7 Social security tips		8 Allocated tips		
d Control number		9 Advance EIC payment		10 Dependent care benefits		
e Employee's first name and initial Last name Suff. <b>Sandy Eggo 1122 Ocean Drive San Diego, CA 92108</b>		11 Nonqualified plans		12a		
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b		
		14 Other		12c		
				12d		
f Employee's address and ZIP code						
15 State <b>CA</b>	Employer's state ID number <b>123-45-6789</b>	16 State wages, tips, etc. <b>30,000</b>	17 State income tax <b>2,446</b>	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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

**2017**

Department of the Treasury—Internal Revenue Service



Your name: **EGGO**

Your SSN or ITIN: **1 2 3 4 5 6 7 8 9**

CA Taxable Income

31	Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803	31	2,406	00
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	00
36	CA Tax Rate. Divide line 31 by line 19	36	0 0 4 4 4	
37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	37	2,070	00
38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, 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 is more than \$187,203, see instructions	39	98	00
40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-	40	1,972	00
41	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A	41	0	00
42	Add line 40 and line 41	42	1,972	00

Special Credits

50	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form 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
54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions	54		
55	Credit amount. See instructions	55		00
58	Enter credit name 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 credits	62	0	00
63	Subtract line 62 from line 42. If less than zero, enter -0-	63	1,972	00

Other Taxes

71	Alternative minimum tax. Attach Schedule P (540NR)	71		00
72	Mental Health Services Tax. See instructions	72		00
73	Other taxes and credit recapture. See instructions	73		00
74	Add line 63, line 71, line 72, and line 73. This is your total tax	74	1,972	00

California Withholding

Payments

81	California income tax withheld. See instructions	81	2,446	00
82	2017 CA estimated tax and other payments. See instructions	82		00
83	Withholding (Form 592-B and/or 593). See instructions	83		00
84	Excess SDI (or VPD) withheld. See instructions	84		00
85	Earned Income Tax Credit (EITC)	85		00
86	Add lines 81 through 85. These are your total payments. See instructions	86		00

Overpaid Tax/Tax Due

101	Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86	101		00
102	Amount of line 101 you want applied to your 2018 estimated tax	102		00
103	Overpaid tax available this year. Subtract line 102 from line 101	103		00
104	Tax due. If line 86 is less than line 74, subtract line 86 from line 74	104		00

CA Taxable Income

31	Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803	31	2,406	00
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	00
36	CA Tax Rate. Divide line 31 by line 19	36	0 0 4 4 4	
37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	37	2,070	00
38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, 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 is more than \$187,203, see instructions	39	98	00
40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-	40	1,972	00
41	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A	41	0	00
42	Add line 40 and line 41	42	1,972	00

Special Credits

50	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form 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
54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions	54		
55	Credit amount. See instructions	55		00
58	Enter credit name 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 credits	62	0	00
63	Subtract line 62 from line 42. If less than zero, enter -0-	63	1,972	00

Other Taxes

71	Alternative minimum tax. Attach Schedule P (540NR)	71		00
72	Mental Health Services Tax. See instructions	72		00
73	Other taxes and credit recapture. See instructions	73		00
74	Add line 63, line 71, line 72, and line 73. This is your total tax	74	1,972	00

Payments

81	California income tax withheld. See instructions	81	2,446	00
82	2017 CA estimated tax and other payments. See instructions	82		00
83	Withholding (Form 592-B and/or 593). See instructions	83		00
84	Excess SDI (or VPMI) withheld. See instructions	84		00
85	Earned Income Tax Credit (EITC)	85		00
86	Add lines 81 through 85. These are your total payments. See instructions	86	2,446	00

Overpaid Tax/Tax Due

101	Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86	101	474	00
102	Amount of line 101 you want applied to your 2018 estimated tax	102		00
103	Overpaid tax available this year. Subtract line 102 from line 101	103	474	00
104	Tax due. If line 86 is less than line 74, subtract line 86 from line 74	104		00

Your name: **EGGO** Your SSN or ITIN: **123456789**

Amount You Owe	<b>121 AMOUNT YOU OWE.</b> Add line 104 and line 120. See instructions. <b>Do not send cash.</b> Mail to: <b>FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001</b> • <b>121</b> _____ <b>.00</b> Pay Online – Go to <a href="http://ftb.ca.gov/pay">ftb.ca.gov/pay</a> for more information.
	<b>122</b> Interest, late return penalties, and late payment penalties. .... <b>122</b> _____ <b>.00</b>
Interest and Penalties	<b>123</b> Underpayment of estimated tax. Check the box: • <input type="checkbox"/> <b>FTB 5805 attached</b> • <input type="checkbox"/> <b>FTB 5805F attached</b> • <b>123</b> _____ <b>.00</b>
	<b>124</b> Total amount due. See instructions. Enclose, but <b>do not</b> staple, any payment. .... <b>124</b> _____ <b>.00</b>

➔ **125 REFUND OR NO AMOUNT DUE.** Subtract line 120 from line 103.  
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** • **125** \_\_\_\_\_ **474** **.00**

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.  
See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.  
All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:

Checking \_\_\_\_\_ **126** Direct deposit amount \_\_\_\_\_ **.00**  
 Savings \_\_\_\_\_ **126** Direct deposit amount \_\_\_\_\_ **.00**  
 ● Routing number ● Type ● Account number

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:

Checking \_\_\_\_\_ **127** Direct deposit amount \_\_\_\_\_ **.00**  
 Savings \_\_\_\_\_ **127** Direct deposit amount \_\_\_\_\_ **.00**  
 ● Routing number ● Type ● Account number

**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 [ftb.ca.gov/forms](http://ftb.ca.gov/forms) and search for 1131. To request this notice by mail, call 800.852.5711.

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

Your signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse's/RDP's signature (if a joint tax return, both must sign) \_\_\_\_\_  
 X \_\_\_\_\_ X \_\_\_\_\_

Your email address. Enter only one email address. \_\_\_\_\_  Preferred phone number \_\_\_\_\_

**Sign Here**

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.	Firm's name (or yours, if self-employed)	● PTIN
	Firm's address	● FEIN

Joint tax return? (See instructions) \_\_\_\_\_  
 Do you want to allow another person to discuss this tax return with us? See instructions. . . . •  Yes  No  
 Print Third Party Designee's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

John Doe  
Mary Doe  
1234 Main Street  
Anytown, CA 99999

1234

⑆5-0000 0000

\_\_\_\_\_ 19 \_\_\_\_\_

PAY TO THE  
ORDER OF \_\_\_\_\_

\$

\_\_\_\_\_ DOLLARS

ANYTOWN BANK  
Anytown, CA 99999

Routing  
number

Account  
number

Do Not Include  
The Check Number

For \_\_\_\_\_

1: (250250025) : (202020) : 1234

Your name: **EGGO**

Your SSN or ITIN: **123456789**

<b>Amount You Owe</b>	<b>121 AMOUNT YOU OWE.</b> Add line 104 and line 120. See instructions. <b>Do not send cash.</b> Mail to: <b>FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001</b> ..... ● <b>121</b> _____,00 Pay Online – Go to <b>ftb.ca.gov/pay</b> for more information.
<b>Interest and Penalties</b>	<b>122</b> Interest, late return penalties, and late payment penalties. .... <b>122</b> _____,00
	<b>123</b> Underpayment of estimated tax. Check the box: ● <input type="checkbox"/> FTB 5805 attached ● <input type="checkbox"/> FTB 5805F attached . ● <b>123</b> _____,00
	<b>124</b> Total amount due. See instructions. Enclose, but <b>do not</b> staple, any payment ..... <b>124</b> _____,00

**125 REFUND OR NO AMOUNT DUE.** Subtract line 120 from line 103.

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ..... ● **125** 474,00

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.

See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.

All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:

<b>Refund and Direct Deposit</b>	<input checked="" type="checkbox"/> Checking	<input type="checkbox"/> Savings	<u>250250025</u>	<u>202020</u>	<u>474</u> ,00
	● Routing number	● Type	● Account number		● <b>126</b> Direct deposit amount

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	_____	_____	_____
● Routing number	● Type	● Account number		● <b>127</b> 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 [ftb.ca.gov/forms](http://ftb.ca.gov/forms) and search for 1131. To request this notice by mail, call 800.852.5711.

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

Your signature <u>X</u>	Date <u>                    </u>	Spouse's/RDP's signature (if a joint tax return, both must sign) <u>X</u>
----------------------------	-------------------------------------	--

**Sign Here**

Your email address. Enter only one email address. \_\_\_\_\_

Preferred phone number \_\_\_\_\_

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)	● PTIN
Firm's address	● FEIN

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

Print Third Party Designee's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Your name: **EGGO** Your SSN or ITIN: **123456789**

**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** ..... ● **121** ..... **.00**  
Pay Online – Go to [ftb.ca.gov/pay](http://ftb.ca.gov/pay) for more information.

**122** Interest, late return penalties, and late payment penalties ..... **122** ..... **.00**  
**123** Underpayment of estimated tax. Check the box: ●  **FTB 5805 attached** ●  **FTB 5805F attached** ..... **123** ..... **.00**  
**124** Total amount due. See instructions. Enclose, but **do not staple**, any payment ..... **124** ..... **.00**

**125 REFUND OR NO AMOUNT DUE.** Subtract line 120 from line 103.  
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ..... ● **125** ..... **474** ..... **.00**

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not attach** a voided check or a deposit slip.  
See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.  
All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:  
 Checking     Savings **250250025**    **202020** ..... **474** ..... **.00**  
● 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 ..... **.00**  
● 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 [ftb.ca.gov/forms](http://ftb.ca.gov/forms) and search for 1131. To request this notice by mail, call 800.852.5711.  
Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature: **Sandy** Date: **04/15/2018** Spouse's/RDP's signature (if a joint tax return, both must sign): **X**  
 Your email address. Enter only one email address.     Preferred phone number

**Sign Here** **Eggo** **Sandy.Eggo@gmail.com** **123 456 7890**  
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.  
Joint tax return? (See instructions)  
Firm's name (or yours, if self-employed) ..... **PTIN** .....  
Firm's address ..... **FEIN** .....

Do you want to allow another person to discuss this tax return with us? See instructions. .... ●  Yes  No  
Print Third Party Designee's Name ..... Telephone Number .....



# FOR ADDITIONAL HELP

Toll free  
phone number  
1-800-852-5711

Internet  
[ftb.ca.gov](http://ftb.ca.gov)

