

Nonresident Part-Year Resident Step by Step Example



SCENARIO

Sandy Eggo

Citizen of Pandora Arrived in California on 7/1/2018 Spent the remainder of 2018 in CA Filing a 1040NR tax return for 2018 Single

Sandy has the following income for 2018:

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 7/1/2018 \$8,000 Interest Income \$500

FORM California Nonresident or Part-Year Resident Income Tax Return Long Form **540NR** 2018 Check here if this is an AMENDED return. Fiscal year filers only: Enter month of year end: month year 2019. Your first name Last name Suffix Your SSN or ITIN **SANDY EGGO** 123 45 6789 If joint tax return, spouse's/RDP's first name Initial Suffix Spouse's/RDP's SSN or ITIN Last name Additional information (see instructions) PBA code RP Street address (number and street) or PO box Apt. no/ste. no. PMB/private mailbox City (If you have a foreign address, see instructions) ZIP code State Foreign country name Foreign province/state/county Foreign postal code Spouse's/RDP's DOB (mm/dd/yyyy) Your DOB (mm/dd/yyyy) Dat Prior Spouse's/RDP's prior name (see instructions) Your prior name (see instructions) If your California filing status is different from your federal filing status, check the box here Head of household (with qualifying person). See instructions. Married/RDP filing jointly. See inst. 5 Qualifying widow(er). Enter year spouse/RDP died. See instructions. 3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. Whole dollars only 7 Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you X \$118 = @ \$ checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions.

7 8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; \$118 = @ S Senior: If you (or your spouse/RDP) are 65 or older, enter 1; X \$118 = @ \$ Dependents: Do not include yourself or your spouse/RDP. Dependent 2 Dependent 3 Dependent 1 First Name 6 0 Last Name (0) SSN Dependent's relationship to you X \$367 = • \$ Total dependent exemptions . .

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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 7/1/2018
Spent the remainder of 2018 in CA
Filing a 1040NR tax return for 2018
Filing Status - Single

Sandy has the following income for 2018:

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

2018 California Adjustments — Nonresidents or Part-Year Residents

SCHEDULE

CA (540NR)

Important: Attach this schedule behind Lor	g Form 540NR, Si	de 5 as a support	ing California sche	dule.	
Name(s) as shown on tax return	The state of the s			SSN or II	
SANDY EGGO					3456789
Part I Residency Information. Complete all lin	es that apply to you a	nd your spouse/RDP	for taxable year 2018	- Sale	
During 2018:					
1 My California (CA) Residency (Check one)					
a Myself: Nonresident Part-Year F	Resident 🕑 Reside	ant b Spou	se: O Nonresiden	t (•) Part-Year Re	sident 🕙, Resider
			Yourself		Spouse/RDP
2 a I was domiciled in (enter two letter code, see i			<u>•</u>		
b I was in the military and stationed in (enter tw					120
3 I became a CA resident (enter state of prior resident). 4 I became a CA nonresident (enter new state of resident).			<u></u>		
5 I was a CA nonresident the entire year (enter sta	the state of the s		ŏ		
6 The number of days I spent in CA for any purpos			ŏ		1000
7 I owned a home/property in CA (enter Y for Yes,			ŏ		
8 Before 2018: I was a CA resident for the period			O		
			O//	● /	
Part II Income Adjustment Schedule	A	В	С	D	E
Section A — Income from federal Form 1040	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)
1 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C1	•	•	•	(a)	•
2 Taxable interest. (a) (a)		•	0	0	•
3 Ordinary dividends. See instructions.	<u> </u>	<u> </u>			
(a) (a) (b)3(b)	⊙	⊙	⊚	(a)	•
4 IRAs, pensions, and annuities. See instructions. (a) (a)	•	•	•	•	©
5 Social security benefits. (a) 5(b)	•	⊚			
Section B — Additional Income from federal Schedule 1 (Form 1040)		Ale a	7. 2	\$4. SV	## # ##
10 Taxable refunds, credits, or offsets of state and local income taxes	<u>o</u>	⊙			
11 Alimony received. See instructions11	•		•	•	•
12 Business income or (loss)		•	•	●	•
13 Capital gain or (loss). See instructions 13	•	•	•	•	•
14 Other gains or (losses)	•	•	•		
15a Reserved					
16a Reserved					
S corporations, trusts, etc	•	•	•	•	•

2018 California Adjustments — Nonresidents or Part-Year Residents

SCHEDULE

CA (540NR)

Important: Attach this schedule behind Lon	or Form 540NR Si		ng California scho	dulo	•
Name(s) as shown on tax return	g , omi otomi, o	ac o ao a oupport	ing Comornia solle	SSN or F	
SANDY EGGO				12	3456789
Part I Residency Information. Complete all lin	es that apply to you a	nd your spouse/RDP	for taxable year 2018	- The -	
During 2018:					
1 My California (CA) Residency (Check one)	22		86.8	228	824
a Myself: O Nonresident O V Part-Year F	Resident 💿 Reside	ant b Spou	se: 💿 Nonresiden	t 🗨 Part-Year Re	sident 🕙,Residen
			Yourself		Spouse/RDP
2 a I was domiciled in (enter two letter code, see in the see i			<u> </u>	FC o	
b I was in the military and stationed in (enter tw	o letter code)		O EC 07 01	2018	100
1 became a CA resident (enter state of prior resident) 1 became a CA nonresident (enter new state of resident)				2018	
4 I became a CA nonresident (enter new state of re 5 I was a CA nonresident the entire year (enter sta			Š		
6 The number of days I spent in CA for any purpos				184 0	100
7 I owned a home/property in CA (enter Y for Yes,			ŏ	Nõ	
8 Before 2018: I was a CA resident for the period			0		L_(=
			O/(•/	
Part II Income Adjustment Schedule	A	В	C	D	E
Section A — Income	Federal Amounts (taxable amounts from	Subtractions See Instructions	Additions See Instructions	Total Amounts	CA Amounts (Income earned or
from federal Form 1040	your federal tax return)	(difference between	(difference between	Using CA Law As if You Were a	received as a CA
		CA & federal law)	CA & federal law)	CA Resident /subtract col. B from	resident and income earned or received
				col. A; add col. C to the result)	from CA sources as a nonresident)
1 Wages, salaries, tips, etc. See instructions	Co. C No.		67.0	to sie resuit)	as a noireaucit)
before making an entry in col. B or C 1	•	⊙	•	O	•
2 Taxable interest. (a)	(⊙	•	⊙	•
3 Ordinary dividends. See instructions. (a)		•	•	•	•
4 IRAs, pensions, and annuities. See		•	•		•
instructions. (a) (•	•	•	•	©
5 Social security benefits.					
(a) ① 5(b)	•	●			
Section B — Additional Income	-				
from federal Schedule 1 (Form 1040)					3H.
10 Taxable refunds, credits, or offsets of state and local income taxes	•	•			
11 Alimony received. See instructions 11	<u>•</u>	0	•	•	•
12 Business income or (loss)	•	•	<u></u>	<u> </u>	<u></u>
13 Capital gain or (loss). See instructions 13	<u> </u>	<u></u>	<u></u>	<u></u>	<u></u>
14 Other gains or (losses)	•	•	<u> </u>	0	<u>•</u>
15a Reserved	0	~			
16a Reserved 16b					
17 Rental real estate, royalties, partnerships,				10.00	G.
S corporations, trusts, etc	•	O	O	©	•

SCENARIO

<u>Sandy Eggo</u>

Citizen of Pandora Arrived in California on 7/1/2018 Spent the remainder of 2018 in CA Filing a 1040NR tax return for 2018 Single

Sandy has the following income for 2018:

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 7/1/2018 \$8,000 Interest Income \$500

California Adjustments —

2018 Nonresidents					A (540NR
Important: Attach this schedule behind Lon Name(s) as shown on tax return SANDY EGGO Part 1 Residency Information. Complete all line				1 2 3	N 8 4 5 6 7 8 9
During 2018: 1 My California (CA) Residency (Check one)	oo aan apprij so jou o	ne jour spouse, nor	ios iaxabie your 2010	•	
eported for IRS \$25,000		b Spou	se: O Nonresiden Yourself	t Part-Year Re	sident 🕙 Reside Spouse/RDP
			●●	FC 0	-
alifornia wages \$50,000				2018	
andoran wages \$ 8,000		yy) of move) .	- 12 No	©	77
otal \$58,000		*********	●I	184 0	1000
755,555		********	Š	NO	-
E0 000	10		Ŏ.L., L., L.	u-	
58,000 - \$25,000 = \$33,00	iU .	GSD Sed Jan XIII		● /.	
Part II Income Adjustment Schedule	A	В	C	D	E
Section A — Income from federal Form 1040	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)
 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C1 	25,000	•	33,000	58,000	50,000
2 Taxable interest. (a) (a)	•	•	•	•	•
3 Ordinary dividends. See instructions. (a)		•	•	•	•
4 IRAs, pensions, and annuities. See	•	•	•	•	•
instructions. (a) (a) 4(b)	⊙	O	•	•	©
5 Social security benefits. (a) 5(b)	•	•			
Section B — Additional Income from federal Schedule 1 (Form 1040)		Area S	X	W.	att.
10 Taxable refunds, credits, or offsets of state and local income taxes	<u> </u>	•			
11 Alimony received. See instructions 11	<u>•</u>		•	•	⊙
12 Business income or (loss)12	⊙	•	O		⊙
13 Capital gain or (loss). See instructions 13	⊙	•	(a)	⊙	⊙
14 Other gains or (losses)	⊚	⊙	•	●	●
15a Reserved					
16a Reserved					
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc	•	0	•	•	•

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Sandy Eggo

Citizen of Pandora Arrived in California on 7/1/2018 Spent the remainder of 2018 in CA Filing a 1040NR tax return for 2018 Single

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Wages earned in Pandora before 7/1/2018 \$8,000 Interest Income \$500

2018 California Adjustments — Nonresidents or Part-Year Residents

SCHEDULE

CA (540NR)

mportant: Attach this schedule behind Lon	g Form 540NR, Si	de 5 as a supporti	ng California sche	dule.	(3)	7
Name(s) as shown on tax return	Ti contraction				SSN or ITIN	-
SANDY EGGO					123	456789
Part I Residency Information. Complete all lin	es that apply to you a	nd your spouse/RDP	for taxable year 2018		501	
Ouring 2018:						
My California (CA) Residency (Check one)				23		221-1
a Myself: O Nonresident O V Part-Year F	Resident 🕙 Reside	ent b Spou	se: 💿 Nonresiden	t 🖲 Pi	rt-Year Resi	dent 🕙, Resident
			Yourself			pouse/RDP
a I was domiciled in (enter two letter code, see i			O	FC	•	ASSISTED EAR OF
b I was in the military and stationed in (enter two			• FG • • •	2010	<u> </u>	
I became a CA resident (enter state of prior resid				2018	<u></u> .	
I became a CA nonresident (enter new state of re			- 12 No		<u>o</u>	
I was a CA nonresident the entire year (enter sta The number of days I spent in CA for any purpos			<u> </u>	$1\overline{8}\overline{4}$	●	100200
The number of days I spent in CA for any purpos I owned a home/property in CA (enter Y for Yes,			<u></u>	N	Õ	200
Before 2018: 1 was a CA resident for the period			Ŏ	1	Ö /	/
Betore 2016. I was a GA resident for the period			0		Ö 7	SEMILIES I
	1 1000	ř——		T .	V	
Part II Income Adjustment Schedule	A Federal Amounts	B	C	T-1-1-1		E
from federal Form 1040	(taxable amounts from	Subtractions See instructions	Additions See Instructions	Using (mounts CA Law	CA Amounts (Income earned or
Hom leactal Form 1040	your federal tax return)	(difference between CA & federal law)	(difference between CA & federal law)		ı Were a sident	received as a CA resident and income
		un a leucial law)	On a leucial law)	(subtract of	col. B from	earned or received
				col. A; ar	dd col. C	from CA sources as a nonresident)
1 Wages, salaries, tips, etc. See instructions	25.000		22.000			
before making an entry in col. B or C 1	25,000	⊚	33,000	_		50,000
2 Taxable interest. (a)	●	⊙	500	•	500	o 250
3 Ordinary dividends. See instructions. (a)	0	•	•	0/		•
4 IRAs, pensions, and annuities. See	•	•	•			
instructions. (a) ()		•	•			•
5 Social security benefits.				P		
(a) (a) 5(b)	•	0				
Section B — Additional Income			is intangible -	_		
from federal Schedule 1 (Form 1040)			taxable to yo			
10 Taxable refunds, credits, or offsets of state	55-060		residency	ui _		
and local income taxes	⊙	place of	residericy			1
11 Alimony received. See instructions11	•					
12 Business income or (loss)		•	(•	•	declares
13 Capital gain or (loss). See instructions 13	•		•	•		ent of CA for
14 Other gains or (losses)	•	•	0	0		65 days or on
5a Reserved	0			Ĭ	half o	f the year.
6a Reserved 16b				1		
17 Rental real estate, royalties, partnerships,	-246					
S corporations, trusts, etc	O	(i)	0	•		•

_		A	В	C	D	I E
	tion B — Additional Income Continued	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 cof. 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)
	Farm income or (loss)	●	⊚	⊙	⊚	•
19	Unemployment compensation	⊙	•			
232	Reserved			10.00		
	a California lottery winnings	(^a <u> </u>	8		
	 Disaster loss deduction from FTB 3805V Federal NOL (Schedule 1 (Form 1040), line 21) 	J	b <u>o</u>	b		
	d NOL deduction from FTB 3805V 21	•	d 💿	d	21.	21 💿
	e NOL from FTB 3805Z, FTB 3806, FTB 3807,	100		<u> </u>		
	or FTB 3809 1 Other (describe): (a)		e <u>⊙</u> f ⊙	e		
	1 Other (describe)(©)			f ⊚		
22	Total. Combine line 1 through line 21 in each column. Go to Section C	o 25,000	0	33,500	58,500	50,250
Inco	ome Adjustment Schedule	A	В	C	D	E
		your federal tax return)	(difference between CA & federal law)	(difference between CA & federal law)	As if You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	received as a CA resident and income earned or received from CA sources as a nonresident)
	Educator expenses	•	•			
	government officials	●	•	●	•	•
25	Health savings account deduction 25	•	•			
26	Moving expenses. Attach federal Form 3903. See instructions	•			•	<u> </u>
	Deductible part of self-employment tax 27				•	⊙
28	Self-employed SEP, SIMPLE, and qualified plans 28	•	5		•	•
20	qualified plans	<u> </u>			0	0
	엄청 경기를 받아야 하다면 있다면 되는 아이들이 되었다. 나는 사람이 모르게 되었다.	<u> </u>		3	0	0
	Alimony paid. b Enter recipient's:	•			•	9
	Last name ()31a			•	⊚	
32	IRA deduction32	⊚	3		•	⊙
33	Student loan interest deduction	⊙		•	•	•
34	Reserved					
	Reserved		Į.			
		•	⊙	•	⊙	⊙
37	Total. Subtract line 36 from line 22 in each column, A through E. See instructions 37	25,000	0	33,500	58,500	50,250

	t III Adjustments to Federal Itemized Deductions		A	Federal Amounts (from federal Schedule A	В	Subtractions See Instructions	C Addition	ns Inactions
	sk the box if you did NOT itemize for federal but will itemize for California			(Form 1040))		-575-5388(0)5386	1937/2005/1938	680000s
Med	lical and Dental Expenses							
1	Medical and dental expenses	_ 1						
2	Enter amount from federal Form 1040, line 7 (a)	2			Ï			
3	Multiply line 2 by 7.5% (0.075)	3			Ì			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0.	4	0					
Tax	s You Paid			2				
5a	State and local income tax or general sales taxes.		•		•			
5b	State and local real estate taxes	_ 5b	•					
5c	State and local personal property taxes	. 50	•					
5d	Add lines 5a through 5c	. 5d	•					
5e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A.							
	Enter the amount from line 5a, column B in line 5e, column B		100				220	
	Enter the difference from line 5d and line 5e, column A in line 5e, column C		•		•		0	
6	Other taxes. List type		0		•			
7	Add lines 5e and 6	- 7	•		•		•	
Inte	rest You Paid		00				Control Control	
8a	Home mortgage interest and points reported to you on Form 1098		0					
8b	Home mortgage interest not reported to you on Form 1098	. 8b	\odot		,		0	
8c	Points not reported to you on Form 1098.	. 8c	0				•	
8d	Reserved							
8e	Add lines 8a through 8c		0				•	
9	Investment interest		0		•		0	
10	Add lines 8e and 9		•		•		<u>•</u>	
Gift	s to Charity							
11	Gifts by cash or check	. 11	0		•		0	
12	Other than by cash or check.	. 12	0		0		0	
13	Carryover from prior year.				•		•	
14	Add lines 11 through 13.	. 14	•		•		0	
Cas	ualty and Theft Losses		25-		7-7		No.	
15	Casualty or theft loss(es) (other than net qualified disaster losses).						1	
	Attach federal Form 4684. See instructions	. 15	0		•		•	
Oth	er Itemized Deductions	1,140	1000					
16	Other—from list in federal instructions	. 16	0		•		0	
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	_	0		•		0	
-							-	

22222	a Employee's social security number			
	123-45-6789	OMB No. 1545	-0008	
b Employer identification numbe	r (EIN)		1 Wages, tips, other compensation	2 Federal income tax withheld
	33-000000		25,000	
c Employer's name, address, an	d ZIP code		3 Social security wages	4 Social security tax withheld
11000.	ch Institute		5 Medicare wages and tips	6 Medicare tax withheld
La Jolla	a, CA 92037		7 Social security tips	8 Allocated tips
d Control number			9 Advance EIC payment	10 Dependent care benefits
e Employee's first name and init	ial Last name	Suff.	11 Nonqualified plans	12a
Sandy I	Fago			ode
Salidy	Lggo		13 Statutory Retirement Third-party employee plan sick pay	12b
4422.0	cean Drive			0 d
11220	cean brive		14 Other	12c
C D:-	CA 02400			0 d e
San Die	ego, CA 92108			12d
f Employee's address and ZIP of	ode			
15 State Employer's state D nu		17 state income 2,4 4	3	19 Local income tax 20 Locality name

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

2018

Department of the Treasury-Internal Revenue Service

During 2018, Sandy donated

\$75 to The Puppy Program.

Total Itemized Deductions:

State Income Tax \$2,446

Charitable Donation \$ 75

Total \$2,521













	t III Adjustments to Federal Itemized Deductions	A	Federal Amounts (from federal Schedule A	B Subtractions See Instructions	C Additions See Instructions
Chec	k the box if you did NOT itemize for federal but will itemize for California	1	(Farm 1040))	300 50000000	
Med	lical and Dental Expenses				
1	Medical and dental expenses	1	i i		
2	Enter amount from federal Form 1040, line 7 ()	2			
3		3			
4		1			
Taxe	s You Paid	ionie.			
5a			2,446	•	
5b		6			
5c	State and local personal property taxes				
5d	Add lines 5a through 5c	1			
5e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A.				
	Enter the amount from line 5a, column B in line 5e, column B			_	
	Enter the difference from the country of the countr	9		•	•
6	outer made. Lies the C	6	_	<u>•</u>	
7	Add lines 5e and 6	7	2,446	●	●
Inte	rest You Paid				
8a		3	<u> </u>		O
8Ъ	Home mortgage interest not reported to you on Form 1098	6)		O
8c	Points not reported to you on Form 1098	6)		•
8d	Reserved	d			
8e	Add lines 8a through 8c	0			●
9		9		<u> </u>	O
10	Add lines 8e and 9	0		•	(
Gifts	s to Charity				
11	Gifts by cash or check	1	75	⊙	●
12	Other than by cash or check	2	0	⊚	<u>•</u>
13	Carryover from prior year13	3		⊙	●
14	Add lines 11 through 13	1	75	•	O
Casi	ualty and Theft Losses	-26		M-10-1	Participant of the Control of the Co
15	Casualty or theft loss(es) (other than net qualified disaster losses).		e e	300.00	17.00
12-	Attach federal Form 4684. See instructions	5		•	●
Othe	r Itemized Deductions	254	1),TSC3
16	Other—from list in federal instructions	6		•	0
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	16		<u> </u>	0

Seck the box if you did NOT itemize for federal but will itemize for California Pare		2,4460002,446	 O O O O O O
Medical and dental expenses Enter amount from federal Form 1040, line 7 Multiply line 2 by 7.5% (0.075) Subtract line 3 from line 1. If line 3 is more than line 1, enter 0. Exes You Paid State and local income tax or general sales taxes. Sa State and local personal property taxes Add lines 5a through 5c Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A Enter the amount from line 5a, column B in line 5e, column B Enter the difference from line 5d and line 5e, column A in line 5e, column C Add lines 5e and 6		• •	000
Enter amount from federal Form 1040, line 7 2 Multiply line 2 by 7.5% (0.075) 3 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0. 4 Exes You Paid a State and local income tax or general sales taxes. 5a b State and local real estate taxes 5b c State and local personal property taxes 5c d Add lines 5a through 5c 5d Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C 5e Other taxes. List type 6 Add lines 5e and 6 7 Iterest You Paid Home mortgage interest and points reported to you on Form 1098 8b Points not reported to you on Form 1098 8c Points not reported to you on Form 1098 8c Investment interest 9 Investment interest 9 Add lines 8e and 9 10 Iffs to Charity Gifts by cash or check 11 Carryover from prior year 13		• •	000
Multiply line 2 by 7.5% (0.075) Subtract line 3 from line 1. If line 3 is more than line 1, enter 0. Ages You Paid Sa State and local income tax or general sales taxes. Sa State and local real estate taxes. Sa State and local personal property taxes. Sa State and local income tax or general sales taxes. Sa State and local income tax or general sales taxes. Sa State and local income tax or general sales taxes. Sa State and local income tax or general sales taxes. Sa State and local income tax or general sales taxes. Sa State and local real estate taxes. Sa State a		• •	000
Subtract line 3 from line 1. If line 3 is more than line 1, enter 0		• •	000
As State and local income tax or general sales taxes. Sa State and local real estate taxes. State and local personal property taxes. Sc Add lines 5a through 5c. Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C. Other taxes. List type Add lines 5e and 6. Home mortgage interest and points reported to you on Form 1098. Home mortgage interest not reported to you on Form 1098. Reserved. Add lines 8a through 8c. Reserved. Add lines 8a through 8c. Investment interest. Add lines 8e and 9. Investment interest. Gifts by cash or check. Other than by cash or check. Carryover from prior year. 13		• •	000
State and local income tax or general sales taxes. b State and local real estate taxes c State and local personal property taxes d Add lines 5a through 5c Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5d, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C. Other taxes. List type Add lines 5e and 6 Home mortgage interest and points reported to you on Form 1098. Home mortgage interest not reported to you on Form 1098. Reserved Add lines 8a through 8c Investment interest. Add lines 8e and 9 fts to Charity Gifts by cash or check Other than by cash or check Carryover from prior year.		• •	000
b State and local real estate taxes		• •	000
b State and local real estate taxes 5b State and local personal property taxes 5c State and line 5c State and	(•	000
C State and local personal property taxes of Add lines 5a through 5c Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C. Other taxes. List type Add lines 5e and 6 Home mortgage interest and points reported to you on Form 1098 Home mortgage interest not reported to you on Form 1098 Points not reported to you on Form 1098 Reserved Add lines 8a through 8c Investment interest Add lines 8e and 9 Investment interest Other than by cash or check Other than by cash or check Carryover from prior year.	(•	000
Add lines 5a through 5c	(•	000
Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C. Other taxes. List type Add lines 5e and 6. Home mortgage interest and points reported to you on Form 1098. Home mortgage interest not reported to you on Form 1098. Points not reported to you on Form 1098. Reserved. Add lines 8a through 8c. Investment interest. Add lines 8e and 9. Other than by cash or check. Other than by cash or check. Carryover from prior year.	(•	000
Enter the difference from line 5d and line 5e, column A in line 5e, column C Other taxes. List type Add lines 5e and 6 Home mortgage interest and points reported to you on Form 1098 Home mortgage interest not reported to you on Form 1098 Points not reported to you on Form 1098 Reserved Add lines 8a through 8c Investment interest Add lines 8e and 9 Interest Gifts by cash or check Other than by cash or check Carryover from prior year 13	(•	000
Other taxes. List type Add lines 5e and 6 Tolerest You Paid Home mortgage interest and points reported to you on Form 1098 Home mortgage interest not reported to you on Form 1098 Points not reported to you on Form 1098 Reserved Add lines 8a through 8c Investment interest Add lines 8e and 9 Ifts to Charity Gifts by cash or check Other than by cash or check Carryover from prior year 13	(•	000
Add lines 5e and 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2,446	<u> </u>
terest You Paid Home mortgage interest and points reported to you on Form 1098. 8a Home mortgage interest not reported to you on Form 1098. 8b Points not reported to you on Form 1098. 8c Reserved. 8d Add lines 8a through 8c 8e Investment interest. 9 Add lines 8e and 9 10 Ifts to Charity Gifts by cash or check 11 Other than by cash or check 12 Carryover from prior year. 13	2,446	⊚ 2,446	<u> </u>
Home mortgage interest and points reported to you on Form 1098. Home mortgage interest not reported to you on Form 1098. Points not reported to you on Form 1098. Reserved. Add lines 8a through 8c. Investment interest. Add lines 8e and 9. Gifts to Charity Gifts by cash or check. Other than by cash or check. Carryover from prior year. 8a • • • • • • • • • • • • •			0
Home mortgage interest not reported to you on Form 1098 8b Points not reported to you on Form 1098 8c Reserved 8d Add lines 8a through 8c 8e Investment interest 9 Add lines 8e and 9 10 Ifts to Charity Gifts by cash or check 11 Other than by cash or check 12 Carryover from prior year 13			0
Points not reported to you on Form 1098. 8c			
Points not reported to you on Form 1098. 8c			•
Reserved 8d Add lines 8a through 8c 8e Investment interest 9 Add lines 8e and 9 10 Ifts to Charity 11 Gifts by cash or check 11 Other than by cash or check 12 Carryover from prior year 13			
Investment interest. 9 Add lines 8e and 9 10 Ifs to Charity Gifts by cash or check 11 Other than by cash or check 12 Carryover from prior year 13			
Investment interest. 9 Add lines 8e and 9 10 Ifs to Charity Gifts by cash or check 11 Other than by cash or check 12 Carryover from prior year 13			•
ffs to Charity Gifts by cash or check		●	●
ffs to Charity Gifts by cash or check		<u> </u>	<u> </u>
Other than by cash or check 12 Carryover from prior year 13			
Carryover from prior year		•	•
Carryover from prior year		⊙	O
		<u> </u>	●
Add lines 11 through 13	75	⊙	•
isualty and Theft Losses	- 1	100 M	and the second
Casualty or theft loss(es) (other than net qualified disaster losses).			
Attach federal Form 4684. See instructions	30	•	●
her Itemized Deductions			1100
Other—from list in federal instructions		•	0
Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C			O
		2,446	1.77

Job	Expenses and Certain Missellaneous Deductions		
19	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions.		
20	Tax preparation fees		
21	Other expenses- investment, safe deposit box, etc. List type Other expenses- investment, safe deposit box, etc. List type		
22	Add lines 19 through 21		
23	Enter amount from federal Form 1040, line 7		
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0		
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.	⊚ 25	
26	Total Itemized Deductions. Add line 18 and line 25.	⊙26	75
27	Other adjustments. See instructions. Specify.	⊙27	
28	Combine line 26 and line 27	⊚ 28	75
29	Is your federal AGI (Form \$40NR, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately \$194,504 Head of household \$291,760 Married/RDP filing jointly or qualifying widow(er) \$389,013 No. Transfer the amount on line 28 to line 29.	72	
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29	⊚ 29	
30	Enter the larger of the amount on line 29 or your standard deduction listed below. Single or married/RDP filing separately. See instructions	_	Ť
	Married/RDP filing jointly, head of household, or qualifying widow(er) \$8,802	● 30 L	,
Pa	rt IV California Taxable Income		<u> </u>
	California AGI. Enter your California AGI from line 37, column E Enter your deductions from line 30	1	
	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	⊙ 4	
	California Remized/Standard Deductions. Multiply line 2 by the percentage on line 3. California Taxable Income. Subtract line 4 from line 1. Transfer this amount to Long Form 540NR, line 35. If less than	4	
. 0	zero, enter -0-	🧿 5	

Joh	b Expenses and Certain Miscellaneous Deductions			
19	Unraimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions.	⊚ 19		
20	Tax preparation fees	● 20		
21	Other expenses- investment, safe deposit box, etc. List type	⊙ 21		
22	Add lines 19 through 21	💿 m		
23	Enter amount from federal Form 1040, line 7 💿			
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0	⊚ 24		
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0		⊚ 25	
	alifornia Standard Deduction Chart for Most People se this chart if your parent, or someone else, can claim you		⊙26	75
(or your	spouse/RDP) as a dependent on their tax return.		⊚ 27	
	ng Status Enter On Line 18 e \$4,401		⊙28	75
4 – Head 5 – Qualit The Calife	ied/RDP filing separately \$4,401 of household \$8,802 fying widow(er) \$8,802 ornia standard deduction amounts are less than the federal deduction amounts.	for your filing status? \$194,504 \$291,760 \$389,013		
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Sche	dule CA (540NR), line 29	⊚ 29	75
30	Enter the larger of the amount on line 29 or your standard deduction listed b	elow		
	Single or married/RDP filing separately. See instructions		● 30	
	mentournor using juiling, need of consenting, or qualifying mus	Page 29	Out	
Pa	ert IV California Taxable Income	1 450 27		
	California AGI. Enter your California AGI from line 37, column E			
	Enter your deductions from line 30 Deduction Percentage, Divide line 37, column E by line 37, column D. Carry the	decimal		
4	to four places. If the result is greater than 1.0000, enter 1.0000. If less than zer California itemized/Standard Deductions. Multiply line 2 by the percentage on California Taxable Income. Subtract line 4 from line 1. Transfer this amount to	line 3	• 4	

Job	Expenses and Certain Miscellaneous Deductions		
19	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions.		
20	Tax preparation fees		
21	Other expenses- investment, safe deposit box, etc. List type Other expenses- investment, safe deposit box, etc. List type		
22	Add lines 19 through 21		
23	Enter amount from federal Form 1040, line 7 💿		
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0		
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.	⊚ 25	
26	Total Itemized Deductions. Add line 18 and line 25.	⊚ 26	7 5
27	Other adjustments. See instructions. Specify.	⊙27	
28	Combine line 26 and line 27.	⊚ 28	75]
29	Is your federal AGI (Form \$40NR, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately \$194,504 Head of household \$291,760 Married/RDP filing jointly or qualifying widow(er) \$389,813 No. Transfer the amount on line 28 to line 29.		
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29	⊚ 29	75
30	Enter the larger of the amount on line 29 or your standard deduction listed below		
	Single or married/RDP filing separately. See instructions. \$4,401 Married/RDP filing jointly, head of household, or qualifying widow(er) \$8,802	⊚ 30	4,401
Pa	rt IV California Taxable Income		57
	California AGI. Enter your California AGI from line 37, column E Enter your deductions from line 30		
	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	⊙ 4	
	California Taxable Income. Subtract line 4 from line 1. Transfer this amount to Long Form 540NR, line 35. If less than zero; enter -0-	⊙ 5	
	FACE AND ADDRESS OF THE PROPERTY OF THE PROPER		

Job	Expenses and Certain Miscellaneous Deductions		
19	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions		
20	Tax preparation fees		
21	Other expenses- investment, safe deposit box, etc. List type 21		
22	Add lines 19 through 21		
23	Enter amount from federal Form 1040, line 7 ()		
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0		
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.	⊚ 25	
26	Total Itemized Deductions, Add line 18 and line 25.	⊙ 26	75
27	Other adjustments. See instructions. Specify.	⊚ 27	
28	Combine line 26 and line 27	⊚ 28	75
29	Is your federal AGI (Form \$40NR, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately \$194,504 Head of household \$291,760 Married/RDP filing jointly or qualitying widow(er) \$389,013 No. Transfer the amount on line 28 to line 29.	\rightarrow \(\frac{1}{2} \rightarrow \ri	
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29	⊚ 29	75
30	Enter the larger of the amount on line 29 or your standard deduction listed below Single or matried/RDP filing separately. See instructions	⊚ 30	4,401
Pa	rt IV California Taxable Income		5
	California AGI. Enter your California AGI from line 37, column E. Enter your deductions from line 30.	.401 • 1	50,250
	Deduction Percentage. Divide line 37, column E by line 37, column D. Carry the decimal	, 101	
	to four places. If the result is greater than 1,0000, enter 1,0000. If less than zero, enter -0	⊙ 4	
	California Itemized/Standard Deductions. Multiply line 2 by the percentage on line 3. California Taxable Income. Subtract line 4 from line 1. Transfer this amount to Long Form 540NR, line 35. If less than		
	zero, enter-0-	<u>®</u> 5	

Job	Expenses and Certain Miscellaneous Deductions		
19	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions		
20	Tax preparation fees		
21	Other expenses- investment, safe deposit box, etc. List type 21		
22	Add lines 19 through 21		
23	Enter amount from federal Form 1040, line 7 ()		
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0		
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.	⊚ 25	
26	Total Itemized Deductions. Add line 18 and line 25.	⊚ 26	75
27	Other adjustments. See instructions. Specify.	⊚27	
28	Combine line 26 and line 27	⊚ 28	75
29	Is your federal AGI (Form \$40NR, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately \$194,504 Head of household \$291,760 Married/RDP filing jointly or qualifying widow(er) \$389,013 No. Transfer the amount on line 28 to line 29.		
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29	⊙29	75
30	Enter the larger of the amount on line 29 or your standard deduction listed below Single or matried/RDP filing separately. See instructions	836	
	Married/RDP filing jointly, head of household, or qualifying widow(er)	⊚ 30	4,401
Pai	rt IV California Taxable Income		2
1	California AGI. Enter your California AGI from line 37, column E	(O 1	50,250
	Enter your deductions from line 30	01	
3	Deduction Percentage. Divide line 37, column E to four places. If the result is greater than 1,000 50,250/58,500 al)A	
	California Itemized/Standard Deductions. Multiply are z by me percentage on line s	© 4	
5	California Taxable Income. Subtract line 4 from line 1. Transfer this amount to Long Form 540NR, line 35. If less than		
	zero, enter -0-	5	

Job	Expenses and Certain Miscellaneous Deductions		
19	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions		
20	Tax preparation fees		
21	Other expenses- investment, safe deposit box, etc. List type 21		
22	Add lines 19 through 21		
23	Enter amount from federal Form 1040, line 7 ()		
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0		
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.	⊚ 25	j
26	Total Itemized Deductions. Add line 18 and line 25.	⊙ 26	75
27	Other adjustments. See instructions. Specify.	⊙ 27	
28	Combine line 26 and line 27	⊚ 28	75
29	Is your federal AGI (Form \$40NR, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately \$194,504 Head of household \$291,760 Married/RDP filing jointly or qualifying widow(er) \$389,013 No. Transfer the amount on line 28 to line 29.		
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29	⊚29	75
30	Enter the larger of the amount on line 29 or your standard deduction listed below Single or married/RDP filing separately. See instructions	255	
	Married/RDP filing jointly, head of household, or qualifying widow(er) \$8,802	● 30	4,401
Pa	rt IV California Taxable Income		
1	California AGI. Enter your California AGI from line 37, column E	01®1_	50,250
3	Enter your deductions from line 30		3,780
	California Taxable Income. Survey, enter -0	⊙ 5	

Job	Expenses and Certain Miscellaneous Deductions		
19	Unreimbursed employee expenses - job travel, union dues, job education, etc. Artach federal Form 2106 if required, See instructions		
20	Tax preparation fees		
21	Other expenses- investment, safe deposit box, etc. List type ● ● 21		
22	Add lines 19 through 21 © 22		
23	Enter amount from federal Form 1040, line 7 💿		
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0		
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.	⊚ 25	
26	Total Itemized Deductions. Add line 18 and line 25.	⊚ 26	75
27	Other adjustments. See instructions. Specify.	⊚27	
28	Combine line 26 and line 27	⊚ 28	75
29	Is your federal AGI (Form \$40NR, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately \$194,504 Head of household \$291,760 Married/RDP filing jointly or qualifying widow(er) \$389,013 No. Transfer the amount on line 28 to line 29.	N. V.	7.
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29	• 29	75
30	Enter the larger of the amount on line 29 or your standard deduction listed below Single or married/RDP filing separately. See instructions	⊚ 30	4,401
Pa	rt IV California Taxable Income		5
	California AGI. Enter your California AGI from line 37, column E. Enter your deductions from line 30 2 4,	401 [⊙] 1_	50,250
	Enter your deductions from line 30	90	
	California Itemized/Standard Deductions. Multiply line 2 by the percentage on line 3 California Taxable Income. Subtract line 4 from line 1. Transfer this amount to Long Form 540NR, line 35. If less than	⊙ 4	3,780
. 0	zero, enter -0-	🧿 5	46,470

You	r na	THE: SANDY EGGO Your SSN or ITIN: 123456789
	11	Exemption amount: Add line 7 through line 10
	12	Total California wages from your Form(s) W-2, box 16
Total Taxable income	13 14	Enter federal AGI from Form 1040, line 7; 1040NR, line 35; or 1040NR-EZ, line 10. California adjustments – subtractions. Enter the amount from Schedule CA (540NR), line 37, column 8.
	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses.
	16	See Instructions
	17 18	Adjusted gross income from all sources. Combine line 15 and line 16
	19	Subtract line 18 from line 17. This is your total taxable income. If less than zero, enter -0-
	31	Tax. Check the box if from:
24 Taxable Income	32	FTB 3800 • FTB 3803 • 31 .00 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. • 32 .00
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 5. • 35
	36	CA Tax Rate. Divide line 31 by line 19.
	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36
CA Three	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000
	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$194,504, see instructions.
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0 • 40
	41	Tax. See Instructions. Check the box If from: Schedule G-1 FTB 5870A 41
	42	Add line 40 and line 41
	50	Nonretundable Child and Dependent Care Expenses Credit. See Instructions.
tt.	51	Attach form FTB 3506. • 50
Special Credits		Credit for dependent parent. See Instructions. • 52 Credit for senior head of household. See Instructions. • 53
Specia	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1,0000. See Instructions.
	55	Credit amount. See Instructions • 55

55555	a Employee's social security number	OMB No. 154	6-0008					
b Employer identification number (EIN)		1 Wag	ges, tips, othercon	npensation	2 Feder	al income ta	ax withheld
c Employer's name, address, and	ZIP code		3 Soc	cial security wage	S	4 Socia	l security ta:	x withheld
Research I				dicare wages and	1 tips	6 Medio	care tax with	nheld
La Jolla, Ca	92037		7 Soc	cial security tips		8 Alloca		
d Control number			9			10 Deper	ndent care t	benefits
e Employee's first name and initial	Last name	Suff.		nqualified plans		12a		
Sandy Eggo 1122 Ocean	Drive		13 State		Third-party sick pay	12b		
San Diego, C			14 Oth	er		12c		
						12d		
f Employee's address and ZIP coo	e .							
15 State Employer's state ID num	ber 6 State wages, tips, etc. \$30,000	7 State incon	ne tax	18 Localwages,	tips, etc.	19 Local inco	ome tax	20 Locality name

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

2018

Department of the Treasury—Internal Revenue Service

You	ir nai	SANDY EGGO Your SSN or ITIN: 123456789
	11	Exemption amount: Add line 7 through line 10.
	12	Total California wages from your Form(s) W-2, box 16
Total Taxable Income		Enter federal AGI from Form 1040, line 7; 1040NR, line 35; or 1040NR-EZ, line 10. © 13 California adjustments – subtractions. Enter the amount from Schedule CA (540NR), line 37, column B. • 14
	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses.
al Taxarb	16	See Instructions
Total		Adjusted gross income from all sources. Combine line 15 and line 16
	19	Subtract line 18 from line 17. This is your total taxable income. If less than zero, enter-0
	31	Tax. Check the box if from:
CA Taxable Income	32	FTB 3800 • FTB 3803 • 31 .00 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 5
	36	CA Tax Rate. Divide line 31 by line 19.
	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36
CA Taxa	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000
	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$194,504, see instructions.
	40	CA Regular Tax Betore Credits. Subtract line 39 from line 37. If less than zero, enter -0
	41	Tax. See Instructions. Check the box If from: Schedule G-1 FTB 5870A 41
	42	Add line 40 and line 41
	50	Nonretundable Child and Dependent Care Expenses Credit. See Instructions.
tt.	51	Attach form FTB 3506
Special Credits	52 53	Credit for dependent parent. See instructions. • 52
Specia	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1,0000. See Instructions.
	55	Credit amount. See Instructions

_		A	В	C	D	E	
	ction B — Additional Income Continued	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)	
	Farm income or (loss)	●	●	•	•	●	
1	Unemployment compensation	⊙	●				
-	Reserved20b						
2	Other income.	15					
	a California lottery winnings	(¹ ⊚	3			
	 Disaster loss deduction from FTB 3805V Federal NOL (Schedule 1 (Form 1040)) 		b 💿	b.			
	line 21)	!	c	c ()			
	d NOL deduction from FTB 3805V 21	•	d 💿	d	21.	21 💿	
	e NOL from FTB 3805Z, FTB 3806, FTB 3807,	100	e (e	12	41-	
	or FTB 3809 1 Other (describe):(f (i)	f (a)			
	Total (describe)						
2	? Total. Combine line 1 through line 21 in each column. Go to Section C	25,000	0	33,500	• 58,500	50,250	
Inc	ome Adjustment Schedule	A	В	C	D	E	
	from federal Schedule 1 (Form 1040)	(taxable amounts from your federal tax return)	See Instructions (difference between CA & federal law)	See instructions (difference between CA & federal law)	Using CA Law As if You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	(income earned or received as a CA resident and income earned or received from CA sources as a nonresident)	
	Educator expenses	•	⊚			I I	
24	Certain business expenses of reservists, performing artists, and fee-basis						
	government officials24	•	•	•	•	•	
25	Health savings account deduction 25	•					
26	Moving expenses. Attach federal			8			
	Form 3903. See instructions 26	●		•	●	•	
	Deductible part of self-employment tax 27	⊙			•	⊙	
28	Self-employed SEP, SIMPLE, and qualified plans	•			•	•	
29	Self-employed health insurance deduction 29	<u>•</u>			<u>•</u>	õ	
	Penalty on early withdrawal of savings 30	<u> </u>			<u> </u>	<u></u>	
	Alimony paid. b Enter recipient's:				•		
	SSN	_				_	
	Last name 🕘 31a			•	•	•	
32	IRA deduction32	●	3		•	•	
	Student loan interest deduction	●		0	•	•	
	Reserved34						
	Reserved35					ļ į	
36	Add line 23 through line 35 in each column, A through E	0	•	•		0	
	Total . Subtract line 36 from line 22 in each	25,000		1000		\$1000 pt	
37	TOTAL SUDDANCE HERE SO IT OFF THE ZZ HE CASA		0			50,250	

You	ir nai	The state of the s
	11	Exemption amount: Add line 7 through line 10
	12	Total California wages from your Form(s) W-2, box 16 ■ 12 30,000
Total Taxable Income	13 14	Enter federal AGI from Form 1040, line 7; 1040NR, line 35; or 1040NR-EZ, line 10. California adjustments – subtractions. Enter the amount from Schedule CA (540NR), line 37, column B.
	15	Subtract line 14 from line 13. It less than zero, enter the result in parentheses. See Instructions
	16	California adjustments – additions. Enter the amount from Schedule CA (540NR), line 37, column C. • 16
	17 18	Adjusted gross income from all sources. Combine line 15 and line 16
	19	Subtract line 18 from line 17. This is your total taxable income. If less than zero, enter -0
	31	Tax. Check the box if trom:
A Taxable Income	32	FTB 3800 FTB 3803 • 31 .00 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1 .00
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 5.
	36	CA Tax Rate. Divide line 31 by line 19.
	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36
CA Thri	135	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000.
	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$194,504, see instructions ● 39
	40	CA Regular Tax Before CredRs. Subtract line 39 from line 37. If less than zero, enter -0 • 40
	41	Tax: See Instructions, Check the box if from: Schedule G-1 FTB 5870A 41
	42	Add line 40 and line 41
	50	Nonretundable Child and Dependent Care Expenses Credit. See Instructions. Attach form FTB 3506. • 50
\$ ts	51	Credit for joint custody head of household. See instructions 51
Special Credits		Credit for dependent parent. See Instructions • 52
Specia	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1,0000. See Instructions.
	55	Credit amount. See Instructions • 55

		Α	В	C	D	E
	ction B — Additional Income Continued	Federal Amounts (taxable amounts from your federal tax return)	(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)
	Farm income or (loss)	●	⊚	•	•	●
19	Unemployment compensation	⊙	●			
200	Reserved		ra 💿	3		
	b Disaster loss deduction from FTB 3805V c Federal NOL (Schedule 1 (Form 1040), line 21)		b 💿	b		
	 d NOL deduction from FTB 3805V 21 e NOL from FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809 	•	d <u> </u>	e	21.	21 💿
22	t Other (describe): Total. Combine line 1 through line 21		f <u> </u>	f <u>@</u>		¥
1000	in each column. Go to Section C 22	② 25,000	O	33,500	58,500	• 50,250
Inc	ome Adjustment Schedule	A	В	C	D	E
	from federal Schedule 1 (Form 1040)	(taxable amounts from your federal tax return)	(difference between CA & federal law)	See instructions (difference between CA & federal law)	Using CA Law As if You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	(income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
	Educator expenses	•	0			
25	그렇게 얼마면 이 아이들이 얼마면 하고 있다. 아이들이 얼마 아이들이 얼마 얼마를 받는데 얼마를 하는데 없다.	●●	0	•	•	•
	Moving expenses. Attach federal Form 3903. See instructions	•	•	•	•	0
	Deductible part of self-employment tax 27 Self-employed SEP, SIMPLE, and	<u></u>			•	<u> </u>
20	qualified plans	<u>●</u>			0	0
	[18] [18] [18] [18] [18] [18] [18] [18]	~			<u>•</u>	<u>•</u>
	Alimony paid. b Enter recipient's:	•	5		•	•
	Last name	10.7		•	⊚	⊙
32	IRA deduction32	(8		•	•
33	Student loan interest deduction	⊙		•	•	•
34	Reserved					ĵ li
7	Reserved					
		⊙	•	2	⊚	•
37	Total. Subtract line 36 from line 22 in each column, A through E. See instructions 37	25,000	0	33,500	58,500	50,250

You	ir nai	The state of the s
	11	Exemption amount: Add line 7 through line 10
-	12	Total California wages from your Form(s) W-2, box 16 ■ 12 30,000
Total Taxable Income	13 14	Enter federal AGI from Form 1040, line 7; 1040NR, line 35; or 1040NR-EZ, line 10. © 13 California adjustments – subtractions. Enter the amount from Schedule CA (540NR), line 37, column B. • 14
	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See Instructions 15
	16	California adjustments – additions. Enter the amount from Schedule CA (540NR), line 37, column C. • 16
	17 18	Adjusted gross income from all sources. Combine line 15 and line 16
	19	Subtract line 18 from line 17. This is your total taxable income. If less than zero, enter -0
	31	Tax. Check the box if from: Tax Table Tax Rate Schedule
24 Taxable Income	32	FTB 3800 FTB 3803 • 31 .00 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1 .00
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 5.
	36	CA Tax Rate. Divide line 31 by line 19
	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36
CA Taxa	38	CA Exemption Credit Percentage. DMde line 35 by line 19. If more than 1, enter 1.0000
	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$194,504, see instructions ● 39
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0 • 40
	41	Tax: See Instructions. Check the box if from: Schedule G-1 FTB 5870A 41
	42	Add line 40 and line 41
	50	Nonretundable Child and Dependent Care Expenses Credit. See Instructions. Attach form FTB 3506. • 50
a tra	51	Credit for joint custody head of household. See Instructions 51
Special Credits		Credit for dependent parent. See Instructions • 52
Specia	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1,0000. See Instructions.
	55	Credit amount. See Instructions • 55

		Α	В	C	D	E
	ction B — Additional Income Continued	Federal Amounts (taxable amounts from your federal tax return)	(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)
	Farm income or (loss)	●	⊚	•	•	•
19	Unemployment compensation	⊙	●			
200	Reserved		ra 💿	3		
	b Disaster loss deduction from FTB 3805V c Federal NOL (Schedule 1 (Form 1040), line 21)		b 💿	b		
	 d NOL deduction from FTB 3805V 21 e NOL from FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809 	•	d <u> </u>	d e	21⊚	21 💿
22	Other (describe): Total. Combine line 1 through line 21		f 💿	f <u>③</u>		
	in each column. Go to Section C	© 25,000	⊙ 0	33,500	58,500	50,250
Inc	ome Adjustment Schedule	A	В	C	D	E
	from federal Schedule 1 (Form 1040)	(taxable amounts from your federal tax return)	(difference between CA & federal law)	See instructions (difference between CA & federal law)	Using CA Law As if You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	(Income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
	Educator expenses	•	•	•	•	•
25	그렇게 얼마면 이 아이들이 얼마면 하고 있다. 아이들이 얼마 아이들이 얼마 얼마를 받는데 얼마를 하는데 없다.	●●	0			
	Moving expenses. Attach federal Form 3903. See instructions	•		•	•	0
	Deductible part of self-employment tax 27 Self-employed SEP, SIMPLE, and	•			•	•
20	qualified plans	<u> </u>	-	-	0	0
	[18] [18] [18] [18] [18] [18] [18] [18]	<u> </u>			0	<u>•</u>
	Penalty on early withdrawal of savings 30 Alimony paid. b Enter recipient's: SSN •	•	5		•	•
	Last name	10.7		•	•	⊙
32	IRA deduction32	(8		•	•
33	Student loan interest deduction	⊙		•	•	•
34	Reserved34	10				
9.7.1	Reserved					
		⊙	•	0	•	•
37	Total. Subtract line 36 from line 22 in each column, A through E. See instructions 37	25,000		33,500	58,500	50,250

You	r na	THE: SANDY EGGO Your SSN or ITIN: 123456789
	11	Exemption amount: Add line 7 through line 10
	12	Total California wages from your Form(s) W-2, box 16 ● 12 30,000
orne	13 14	Enter federal AGI from Form 1040, line 7; 1040NR, line 35; or 1040NR-EZ, line 10. California adjustments – subtractions. Enter the amount from Schedule CA (540NR), line 37, column B. 14 0
reine	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See Instructions
fotal Taxable Income	16	California adjustments – additions. Enter the amount from Schedule CA (540NR), line 37, column C. • 16
P	17 18	Adjusted gross income from all sources. Combine line 15 and line 16
	19	Subtract line 18 from line 17. This is your total taxable income. If less than zero, enter -0
	31	Tax Check the box if from:
	32	FTB 3800 • FTB 3803 • 31 .00 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1 .00
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 5.
come	36	CA Tax Rate. Divide line 31 by line 19
plein	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36
CA Taxable Incom	135	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000
	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$194,504, see instructions.
	40	CA Regular Tax Betone Credits. Subtract line 39 from line 37. If less than zero, enter -0 • 40
	41	Tax: See Instructions, Check the box if from: ● Schedule G-1 ● FTB 5870A ● 41
	42	Add line 40 and line 41
	50	Nonretundable Child and Dependent Care Expenses Credit. See Instructions. Attach form FTB 3506. • 50
dts	51	Credit for joint custody head of household. See Instructions • 51
Special Credits		Credit for dependent parent. See Instructions. • 52
Spe	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1,0000. See instructions.
	55	Credit amount. See Instructions • 55

SANDY EGGO 123456789

Job	Expenses and Certain Miscellaneous Deductions		
19	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions		
20	Tax preparation fees. © 20		
21	Other expenses- investment, safe deposit box, etc. List type ● ● 21		
22	Add lines 19 through 21		
23	Enter amount from federal Form 1040, line 7 💿		
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0		
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0	⊚ 25	
26	Total Itemized Deductions. Add line 18 and line 25.	⊚ 26	75
27	Other adjustments. See instructions. Specify.	⊙ 27	
28	Combine line 26 and line 27	⊚ 28	75
29	Is your federal AGI (Form \$40NR, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately \$194,504 Head of household \$291,760 Married/RDP filing jointly or qualifying widow(er) \$389,013 No. Transfer the amount on line 28 to line 29.	¥ <u>2</u>	i
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29	⊚ 29	75
30	Enter the larger of the amount on line 29 or your standard deduction listed below Single or married/RDP filing separately. See instructions	⊙ 30	4,401
Pa	rt IV California Taxable Income		<u> </u>
1 2	California AGI. Enter your California AGI from line 37, column E Enter your deductions from line 30 4,4	01	50,250
	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-	0	
	California Itemized/Standard Deductions. Multiply line 2 by the percentage on line 3	⊙ 4.	3,780
5	California Taxable Income. Subtract line 4 from line 1. Transfer this amount to Long Form 540NR, line 35. If less than zero, enter -0-	(5	46,470

You	r na	THE: SANDY EGGO Your SSN or ITIN: 123456789
	11	Exemption amount: Add line 7 through line 10
-	12	Total California wages from your Form(s) W-2, box 16
orne	13 14	Enter federal AGI from Form 1040, line 7; 1040NR, line 35; or 1040NR-EZ, line 10. California adjustments – subtractions. Enter the amount from Schedule CA (540NR), line 37, column B. 13 14 0 100
delne	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See Instructions
fotal Taxa bile income	16	California adjustments – additions. Enter the amount from Schedule CA (540NR), line 37, column C. • 16
P	17 18	Adjusted gross income from all sources. Combine line 15 and line 16
	19	Subtract line 18 from line 17. This is your total taxable income. It less than zero, enter -0
	31	Tax. Check the box if trom:
	32	FTB 3800 FTB 3803 • 31 .00 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1 .00
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 5.
come	36	CA Tax Rate. Divide line 31 by line 19
plein	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36
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	40	CA Regular Tax Betone Credits. Subtract line 39 from line 37. If less than zero, enter -0 • 40
	41	Tax: See Instructions, Check the box if from: Schedule G-1 FTB 5870A 41
- 6-	42	Add line 40 and line 41
	50	Nonretundable Child and Dependent Care Expenses Credit. See Instructions. Attach form FTB 3506. • 50
d ts	51	Credit for joint custody head of household. See instructions
Special Credits		Credit for dependent parent. See Instructions • 52
Spe	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1,0000. See instructions.
	55	Credit amount. See Instructions • 55

Page 89 Total Taxable Income \$54,099

2018 California Tax Table - continued

iling statı	us: 1 or 3	(Single; Ma	arried/RDP	Filing S	eparately)	2 or 5	(Married/RD	P Filing Jo	intly; Qu	ialifying W	idow(er))	4 (Head	of Househ	old)
If Your Ta Income			e Tax For ing Status		If Your T			Tax For g Status		If Your Tale			ne Tax For ing 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	4 Is
40,451	40,550	1,300	639	639	47,451	47,550	1,783	919	919	54,451	54,550	2,343	1,199	1,24
40,551	40,650	1,306	643	643	47,551	47,650	1,791	923	923	54,551	54,650	2,351	1,203	1,25
40,651	40,750	1,312	647	647	47,651	47,750	1,799	927	927	54,651	54,750	2,359	1,207	1,25
40,751	40,850	1,318	651	651	47,751	47,850	1,807	931	931	54,751	54,850	2,367	1,211	1,26
40,851	40,950	1,324	655	655	47,851	47,950	1,815	935	935	54,851	54,950	2,375	1,215	1,26
40,951	41,050	1,330	659	659	47,951	48,050	1,823	939	939	54,951	55,050	2,383	1,219	1,27
41,051	41,150	1,336	663	663	48,051	48,150	1,831	943	943	55,051	55,150	2,391	1,223	1,28
41,151	41,250	1,342	667	667	48,151	48,250	1,839	947	947	55,151	55,250	2,399	1,227	1,28
41,251	41,350	1,348	671	671	48,251	48,350	1,847	951	951	55,251	55,350	2,407	1,231	1,29
41,351	41,450	1,354	675	675	48,351	48,450	1,855	955	955	55,351	55,450	2,415	1,235	1,29
41,451	41,550	1,360	679	679	48,451	48,550	1,863	959	959	55,451	55,550	2,423	1,239	1,30
41,551	41,650	1,366	683	683	48,551	48,650	1.871	963	963	55,551	55,650	2,431	1,243	1,31
41,651	41,750	1,372	687	687	48,651	48,750	1,879	967	967	55,651	55,750	2,439	1,247	1,31
41,751	41,850	1,378	691	691	48,751	48,850	1,887	971	971	55,751	55,850	2,447	1,251	1,32
41,851	41,950	1,384	695	695	48,851	48,950	1,895	975	975	55,851	55,950	2,455	1,255	1,32
46,451	46,550	1,703	879	879	53,451	53,550	2,263	1,159	1,184	60,451	60,550	2,880	1,439	1,60
46,551	46,650	1,711	883	883	53,551	53,650	2,271	1,163	1,190	60,551	60,650	2,889	1,443	1,61
46,651	46,750	1,719	887	887	53,651	53,750	2,279	1,167	1,196	60,651	60,750	2,899	1,447	1,61
46,751	46,850	1,727	891	891	53,751	53,850	2,287	1,171	1,202	60,751	60,850	2,908	1,451	1,62
46,851	46,950	1,735	895	895	53,851	53,950	2,295	1,175	1,208	60,851	60,950	2,917	1,455	1,62
46,951	47,050	1,743	899	899	53,951	54,050	2,303	1,179	1,214	60,951	61,050	2,926	1,459	1,63
47,051	47,150	1,751	903	903	54,051	54,150	2.311	1.183	1,220	61,051	61,150	2,936	1,463	1,64
47,151	47,250	1,759	907	907	54,151	54,250	2,319	1,187	1,226	61,151	61,250	2,945	1,467	1,64
47,251	47,350	1,767	911	911	54,251	54,350	2,327	1,191	1,232	61,251	61,350	2,954	1,471	1,65
47,351	47,450	1,775	915	915	54,351	54,450	2,335	1,195	1,238	61,351	61,450	2,964	1,475	1,65

540NR Tax Booklet 2018 Page 89

You	ir nai	THE: SANDY EGGO Your SSN or ITIN: 123456789	100
	11	Exemption amount: Add line 7 through line 10	💿 ti \$
H	12	Total California wages from your Form(s) W-2, box 16	-00
ome	13 14	Enter federal AGI from Form 1040, line 7; 1040NR, line 35; or 1040NR-EZ, line 10	13 25,000
reino	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses.	25,000
fotal Taxable Income	16	See Instructions California adjustments – additions. Enter the amount from Schedule CA (540NR), line 37, column C.	• 16 33,500 Log
P.	17 18	Adjusted gross income from all sources. Combine line 15 and line 16. Enter the larger of: Your California itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction. See instructions.	58,500 M
	19	Subtract line 18 from line 17. This is your total taxable income. If less than zero, enter-0-	⊙ ₁₉ 54,099 .
	31	Tax. Check the box if from:	2 311
	32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 1.	• 31 <u>25511</u> .00
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 5.	● 35 <u>00</u>
0000	36	CA Tax Rate. Divide line 31 by line 19	<u> </u>
ablet	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	● 3700
CA Taxable Income	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000	
	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$194,504, see instructions	.00
	40	CA Regular Tax Betore Credits. Subtract line 39 from line 37. If less than zero, enter -0	.00
	41	Tax. See Instructions, Check the box if from: Schedule G-1 FTB 5870A	• 41 .00
	42	Add line 40 and line 41	• 42 .00s
	50	Nonrefundable Child and Dependent Care Expenses Credit. See Instructions. Attach form FTB 3506.	• 50 .gg
at the	31	Credit for joint custody head of household. See Instructions	.00
Special Credits	52 53	Credit for dependent parent. See Instructions	-00
Sp	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1,0000. See instructions	(500 CE)
	55	Credit amount. See Instructions	• 55 .00

SANDY EGGO 123456789

Job	Expenses and Certain Miscellaneous Deductions			
19	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions.	⊚ 19		
20	Tax preparation fees.	● 20		
21	Other expenses- investment, safe deposit box, etc. List type	_ ⊙ 21		
22	Add lines 19 through 21	• n		
23	Enter amount from federal Form 1040, line 7 💿			
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0	⊚ 24		
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0		⊚ 25	
26	Total Itemized Deductions. Add line 18 and line 25.		⊙26	75
27	Other adjustments. See instructions. Specify.		⊙27	
28	Combine line 26 and line 27.		⊙28	75
29	Single or married/RDP filing separately	\$194,504 \$291,760		
	No. Transfer the amount on line 28 to line 29.		© 29	75
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedu		29	
30	Enter the larger of the amount on line 29 or your standard deduction listed bel Single or married/RDP filing separately. See instructions		33	70
	Married/RDP filing jointly, head of household, or qualifying widow		⊚ 30	4,401
Pai	rt IV California Taxable Income			
	California AGI. Enter your California AGI from line 37, column E		① 1	50,250
	Enter your deductions from line 30		4,401	
3	Deduction Percentage. Divide line 37, column E by line 37, column D. Carry the d to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero,	ecimal enter -0-	8590	
4	California Itemized/Standard Deductions. Multiply line 2 by the percentage on lin	e3		3,780
	California Taxable Income. Subtract line 4 from line 1. Transfer this amount to Lo	ng Form 540NR, line 35. If less than		46,470
	zero, enter -0-			10,170

You	r na	THE: SANDY EGGO Your SSN or ITIN: 123456789
	11	Exemption amount: Add line 7 through line 10
	12	Total California wages from your Form(s) W-2, box 16 ● 12 30,000
ome	13 14	Enter federal AGI from Form 1040, line 7; 1040NR, line 35; or 1040NR-EZ, line 10. California adjustments – subtractions. Enter the amount from Schedule CA (540NR), line 37, column B. 14 0
reinc	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses.
fotal Taxa bile income	16	California adjustments – additions. Enter the amount from Schedule CA (540NR), line 37, column C
P	17 18	Adjusted gross income from all sources. Combine line 15 and line 16. • 17 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction. See instructions. • 18
	19	Subtract line 18 from line 17. This is your total taxable income. If less than zero, enter -0-
	31	Tax. Check the box if from: X Tax Table Tax Rate Schedule
	32	FTB 3800 • FTB 3803 • 31 2,511 .00 CA adjusted gross income from Schedule CA (540NR), Part IV, line 100
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 5.
COCINE	36	CA Tax Rate. Divide line 31 by line 19. © 36
pletr	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36
CA Taxable Incom	135	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000.
	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$194,504, see instructions . ● 39
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0 • 40
	41	Tax: See Instructions, Check the box if from: Schedule G-1 FTB 5870A 41
	42	Add line 40 and line 41
	50	Nonretundable Child and Dependent Care Expenses Credit. See Instructions. Attach form FTB 3506. • 50
\$1s	51	Credit for joint custody head of household. See Instructions 51
Special Credits		Credit for dependent parent. See Instructions • 52
Spe	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1,0000. See Instructions.
	55	Credit amount. See Instructions • 55

	11	Exemption amount: Add line 7 through line 10	118
	12	Total California wages from your Form(s) W-2,	
		box 16	-100
	49	Enthe Stational ACS from Energ 4040, Sep. 7, 4040MD, Sep. 26, or 4040MD E7, Sep. 40.	25,000 25,000
	13		
		line 37, column B	• 14
	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses.	25,000
	15	See Instructions California adjustments – additions. Enter the amount from Schedule CA (540NR), line 37.	
	,	column C.	• 16 33,500
			58,500
	17	Adjusted gross income from all sources: Combine line 15 and line 16	
	7.	Part III, line 30; OR Your California standard deduction. See instructions	• ₁₈ 4,401
	19	Subtract line 18 from line 17. This is your total taxable income. If less than zero,	54,099
_		enter-0-	● 19 54,099
	24	Tax. Check the box if from:	
	31	#3543090004340040000000000000000000000000	2,311
	32	FTB 3800 FTB 3802	• 31
	-	(540NR), First NV line 1 50,250	-100
		2,311/54,099	46,470
	35	CA Taxabl 2,311/34,077	• 35
	35	CA Tax Rate. Divide line 31 by line 19. © 36 0.0427	
	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	● 37
	38	CA Exemption Credit Percentage. DWde-line 35 by line 19.	
		If more than 1, enter 1.0000	
	39	CA Prorated Exemption Credits. Multiply line 11 by line 38.	⊙ 39
		If the amount on line 13 is more than \$194,504, see instructions	© 39
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0	● 40
	122		
	41	Tax: See Instructions, Check the box if from: Schedule G-1 FTB 5876A	• 41
	42	Add line 40 and line 41	• 42
	50	Nonrefundable Child and Dependent Care Expenses Credit. See Instructions.	surray (4
		Altach form FTB 3506	• 50
	51	Credit for joint custody head of household. See Instructions	nn
		Control of the Contro	П
		Credit for dependent parent. See Instructions • 52	-100
	53	Credit for senior head of household. See Instructions.	00
	54	Credit percentage. Enter the amount from line 38 here.	
	**	If more than 1, enter 1.0000. See instructions	
			5212 T
	22	Credit amount. See Instructions	• 55 L

You	ir nai	SANDY EGGO Your SSN or ITIN: 123456789	1 111 1
	11	Exemption amount: Add fine 7 through line 10	● 11 \$ 118
	12	Total California wages from your Form(s) W-2, box 16	00
_			25,000
100	14	California adjustments – subtractions. Enter the amount from Schedule CA (540NR), line 37, column B.	0
rein	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See Instructions	25,000
laxer.	16	California adjustments – additions. Enter the amount from Schedule CA (540NR), line 37,	33 500
Total Taxable Income		column C.	58 500
	17 18	Adjusted gross income from all sources: Combine line 15 and line 16. Enter the larger of: Your California Itemized deductions from Schedule CA (540NR),	
	-	Part III, line 30; OR Your California standard deduction. See Instructions	4,401
	19	enter -0	54,099
	31	Tax. Check the box if from:	
	32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 1	2,311
	35	CA Tarable Income from Cobadula CA /CESSETI. Cod St. Upg 5.	46,470
oocue	36	CAT 46,470 X 0.0427	
oletno	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	1,985
CA Taxable Incom	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000	
~	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$194,504, see instructions	.00
	40	CA Regular Tax Beture Credits. Subtract line 39 from line 37. If less than zero, enter -0	9 40 .00
	41	Tax. See Instructions, Check the box if from: Schedule G-1 FTB 5870A	- 41
	42	Add line 40 and line 41	.00
-	50	Nonretundable Child and Dependent Care Expenses Credit. See Instructions.	_
M	51	Attach form FTB 3506 Credit for joint custody head of household. See Instructions 51	.00
Special Credits		Credit for dependent parent. See instructions	00
Spe	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1,0000. See Instructions.	
	55	Credit amount. See Instructions	. 55

You	ir nai	SANDY EGGO Your SSN or ITIN: 123456789	5000 1
	11	Exemption amount: Add line 7 through line 10	🖲 11 \$
-	12	Total California wages from your Form(s) W-2, box 16	
_	13	Enter federal AGI from Form 1040, line 7; 1040NR, line 35; or 1040NR-EZ, line 10	⊙ ₁₃ 25,000
SOTT OF	14	California adjustments – subtractions. Enter the amount from Schedule CA (540NR), line 37, column B	0 .00
Total Taxable Income	15	Subtract line 14 from line 13. It less than zero, enter the result in parentheses.	25,000
Na b	16	See Instructions	
E P	200	column C.	• 16 33,500 .m
P	17	Adjusted gross income from all sources. Combine line 15 and line 16	• 17 58,500 .m
	18	Enfer the larger of: Your California Hemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction. See instructions.	4,401
	19	Subtract line 18 from line 17. This is your total taxable income. If less than zero,	54,099
		enter-0-	● 19 54,099 . <u></u>
	31	Tax. Check the box if from: Tax Table Tax Rate Schedule	NO. 100 PER
		● FTB 3800 ● FTB 3802	• 31 2,311 .m
	32	CA adjusted gross Income from Schedule CA (540NR), Part IV, line 1. • 32 50,250	.00
	y2L-	THE ACTION OF A LONG STOCK OF THE PERSON OF THE STREET AND ACTION OF THE STREET	46 470
0	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 5.	• 35 40,470
000	35	CA Tax Ra	<u></u>
plej	37	CA Tax Be 46,470 / 54,099 136	● 37 1,985
CA faxable Incom	38	CA Exemption Credit Percentage. Divide line 35 by line 19.	
5		If more than 1, enter 1.0000.	
	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$194,504, see instructions	● 39
	40	CA Regular Tax Betore Credits. Subtract line 39 from line 37. If less than zero, enter -0	⊕ 40
	102		
	41	Tax: See Instructions, Check the box if from: Schedule G-1 FTB 5870A	• 41
	42	Add line 40 and line 41	• 42 .00s
	50	Nonrefundable Child and Dependent Care Expenses Credit. See Instructions.	
	51	Attach form FTB 3506. Credit for joint custody head of household.	• 50 .00
20		See Instructions	.00
Special Credits	52	Credit for dependent parent. See Instructions • 52	400
da C		Credit for senior head of household.	
Spec	54	See Instructions. • 53 Credit percentage. Enter the amount from line 38 here.	-104
-	- 9	If more than 1, enter 1.0000. See Instructions S4	gc 401.2
	55	Credit amount. See Instructions	• 55

You	or mai	SANDY EGGO Your SSN or ITIN: 123456789	12.02	
	11	Exemption amount: Add line 7 through line 10	🖲 11 \$	118
	12	Total California wages from your Form(s) W-2, box 16	.00	-2000-20
	13	Enler federal AGI from Form 1040, line 7; 1040NR, line 35; or 1040NR-EZ, line 10	. ⊚ 13	25,000
ome	14	California adjustments – subtractions. Enter the amount from Schedule CA (540NR), line 37, column B.	• 14	0
retu	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See Instructions	15	25,000
fotal Taxa bi e income	16	California adjustments – additions. Enter the amount from Schedule CA (540NR), line 37, column C.	• 16	33,500
Ħ	17	Adjusted gross income from all sources, Combine line 15 and line 16	• 17	58,500
	18	Enter the larger of: Your California Hemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction. See instructions.	• 18	4,401
	19	Subtract line 18 from line 17. This is your total taxable income. If less than zero, enter -0-	⊙ 19	54,099
	31	Tax. Check the box if from:	20.000	
	32	FTB 3800 FTB 3803 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1 32 50,250	• 31	2,311
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 5.	• 35	46,470
semo		CA Tax Rate. Divide line 31 by line 19. © 36		#40 450
pletn	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	● 37	1,985
A Taxable Income	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000	Ĭ	
_	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$194,504, see instructions	<u>⊚ 39</u>	101
	40	CA Regular 118 X 0.8590 Per Hine 37. If less than zero, enter -0	⊕ 40	-00
	41	Tax: See Instructions, Check the box if from: Schedule G-1 FTB 5870A	• 41	.00
	42	Add line 40 and line 41	• 42	-00
-	50	Nonretundable Child and Dependent Care Expenses Credit. See Instructions.		
.00	51	Attach form FTB 3506 Credit for joint custody head of household. See Instructions • 51	• 50 L	-64
Special Credits		Credit for dependent parent. See Instructions. • 52 Credit for senior head of household. See Instructions. • 53	.00 .00	
Sp	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See Instructions	TO CONTROL OF THE PARTY OF THE	2012
	55	Credit amount. See Instructions	• 55	.00

	11	Exemption amount: Add line 7 through line 10	® 11 \$ 118
_			
	12	Total California wages from your Form(s) W-2, box 16 12 30,000	.00
		10.10 · · · · · · · · · · · · · · · · · · ·	76 (5)(a)(b) - <u>24</u> (-
	13		25,000
	14		0
	15	line 37, column B	0 14 0
		See Instructions	25,000
	16	California adjustments – additions. Enter the amount from Schedule CA (540NR), line 37,	33,500
		column C.	
	17	Adjusted gross income from all sources. Combine line 15 and line 16	58,500
	18	Enfer the larger of: Your California Hemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction. See Instructions	4,401
	19	Subtract line 18 from line 17. This is your total taxable income. If less than zero,	
		enter -0-	● 19 54,099
		X Tax Table Tax Rate Schedule	
	31	Tax. Check the box if from:	0.211
		● FTB 3800 ● FTB 3803	2,311
	32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. • 32 50,250	.00
		(patring, Palitiv, title 1	
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 5.	• 35 46,470
		CA Tax Rate. Divide line 31 by line 19. 36 0.0427	
	36	CA lax Hall. Limide line 31 by line 19	
	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	● 37 1,985
	38	CA Exemption Credit Percentage. Divide line 35 by line 19	
	30	0.500	
	39	CA Prorated Exemption 1,985 - 101 8.	404
		If the amount on line 13 is more than \$194,504, see instructions	● 39 101
	40	CA Regular Tax Betore Credits. Subtract line 39 from line 37. If less than zero, enter -0	0 40 1,884
	33.5		
	41	Tax: See Instructions, Check the box If from: Schedule G-1 FTB 5870	A • 41
	42	Add line 40 and line 41	. • 42
	50	Nonretundable Child and Dependent Care Expenses Credit. See Instructions.	
		Attach form FTB 3506.	. • 50
	51	Credit for joint custody head of household. See instructions	
		- 31	J - 1001
		Credit for dependent parent. See Instructions ● 52	- 00
	53	Credit for senior head of household. See instructions.	l no
	54	Credit percentage. Enter the amount from line 38 here.	J -100
	94	If more than 1, enter 1,0000. See Instructions	
	22	Credit amount. See Instructions	. • 55

You	ir nai	SANDY EGGO Your SSN or ITIN: 123456789	
	11	Exemption amount: Add line 7 through line 10	⊚ 11 \$
	12	Total California wages from your Form(s) W-2, box 16	
_			© ₁₃ 25,000
2011	14	California adjustments – subtractions. Enter the amount from Schedule CA (540NR), line 37, column B.	• 14 0 .00
in la	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses.	25,000
axab	16	See Instructions	33 500
Total Taxable Income		column C.	
F	17 18	Adjusted gross income from all sources. Combine line 15 and line 16. Enter the larger of: Your California itemized deductions from Schedule CA (540NR),	• 17 58,500 .m
	17.	Part III, line 30; OR Your California standard deduction. See instructions	• 18 4,401
	19	Subtract line 18 from line 17. This is your total taxable income. If less than zero, enter -0-	⊙ ₁₉ 54,099
	31	Tax. Check the box if from:	
	32	CA adjusted gross Income from Schedule GA (540NR), Part IV, line 1	• 31 2,311
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 5.	• 35 46,470
90000	36	CA Tax Rate. Divide line 31 by line 19	<u> </u>
bleh	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	⊙ 37
CA Taxable Incom	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000	
~	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$194,504, see instructions	
	40	CA Regular Tax Betore Credits. Subtract line 39 from line 37. If less than zero, enter -0	● 40 1,884
	41	Tax. See Instructions, Check the box If from: Schedule G-1 FTB 5878A	• 41
	42	Add line 40 and line 41	• 42 1,884
_	50	Nonrefundable Child and Dependent Care Expenses Credit. See Instructions.	
	51	Attach form FTB 3506. Credit for joint custody head of household.	● 50 U.M
ħ		See Instructions	-00
Special Credits		Credit for dependent parent. See Instructions • 52	400
clai	53	Credit for senior head of household. See Instructions. • 53	-00
Spe	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1,0000. See Instructions.	Mental .
		The state of the s	
	55	Credit amount. See Instructions	• 55 <u>U</u> . <u>00</u>

Pon	58	Enter credit name	de •	and amount	• 58		.00
ountir	59	Enter credit name	de •	and amount	• 59		.00
Special Credits continues	60	To claim more than two credits. See instructions	-2000-000		• 50		.00
S	61	Nonrefundable renter's credit. See Instructions			6 59	0	.00
Speo	62	Add line 50 and line 55 through 61. These are your total on	edits		62	ll.	.00
g 	63	Nonresidents are not eligible for	⊙ 63	1,884	.00		
	71	the renter's Credit.			• 71		.00
Officer Taxons	72	Eligible if resident for six months more and AGI from all sources			• 72		.00
Other	73	\$41,941 or less if single or MFS		04 0 - 10 - 0 - 0 - 0 - 0 - 0 - 0 -	• 73		.00
177	74	Add line 63, line 71, line 72, and line 73. This is your total to	ax		• 74	U.	.00
=						in the second	
Paymerts	81	California Income tax withheld. See Instructions.			• 81		- 100
	82	2018 CA estimated tax and other payments. See instruction	5		82		.00
ment	83	Withholding (Form 592-B and/or 593), See Instructions		83		. 00	
Pas	84	Excess SDI (or VPDI) withheld. See Instructions	353-353		• 84		. 00
	85	Earned Income Tax Credit (EFFC)		• 85		.00	
	86	Add lines 81 through 85. These are your total payments. Se	e Instructi	ons,	● 86	ļ.	.00
eng xi	101	Overpaid tax. If line 86 is more than line 74, subtract line 74	t from line	86	● 101		.00
Thx	102	Amount of line 101 you want applied to your 2019 estimate	d tax		• 102		-00
Overpaid Tax/	103	Overpaid tax available this year. Subtract line 102 from line	101		• 103	Ш	-00
Owo	184	Tax due. If line 86 is less than line 74, subtract line 86 from	line 74		● 104		.00
					Code	Amount	or or seek
50		California Seniors Special Fund. See Instructions	-311556		400	U	.00
Contributions		Alzheimer's Disease and Related Dementia Voluntary Tax Co			401		.00
Con		Rare and Endangered Species Preservation Voluntary Tax C	ontributio	n Program	• 403		.00

707	58	Enter credit namecode ● and amount	• 58	.00
altimoo	59	Enter credit name and amount	• 59	.00
Spedal Credits continu	60	To claim more than two credits. See instructions	• 50	
O TO	61	Nonretundable renter's credit. See instructions	• 61	0
8	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	1,884
in:	71	Alternative minimum tax. Attach Schedule P (\$40NR)	• 71	
Other Taxes	72	Mental Health Services Tax. See Instructions	• 72	.00
O D	73	Other taxes and credit recepture. See Instructions	• 73	.00
_	74	Add line 63, line 71, line 72, and line 73. This is your total fax	• 74	1,884
ring.	81	California income tax withheld. See instructions.	• 81	
	82	2018 CA estimated tax and other payments. See instructions	• 82	.00
Payments	83	Withholding (Form 592-6 and/or 593), See Instructions.	• 83	.00
Poy	84	Excess SDI (or VPDI) withheld. See Instructions	• M	.00
	85	Earned Income Tax Credit (EITC)	85	.00
- <u></u>	86	Add lines 81 through 85. These are your total payments. See instructions.	② 86	
Thx Due	101	Overpald tax. If line 86 is more than line 74, subtract line 74 from line 86	⊚ 101	.00
Thxff	102	Amount of line 101 you want applied to your 2019 estimated tax	• 102	.00
Overpaid	103	Overpaid tax available this year. Subtract line 102 from line 101	• 103	
Owo	184	Tax due. If line 86 is less than line 74, subtract line 86 from line 74.	104	
			Code	Amount
9 01		Callfornia Seniors Special Fund. See Instructions	• 400	.00
Contributions		Alzhelmer's Disease and Related Dementia Voluntary Tax Contribution Fund	• 461	.00
Co		Plane and Endangered Species Preservation Voluntary Tax Contribution Program	• 403	.00

22222	a Employee's social security number						
	123-45-6789	OMB No. 15	5-0008				
b Employer identification number	•		1 Was	ges, tips, other compensation	2	Federal income t	ax withheld
	33-000000			25,000			
c Employer's name, address, and	ZIP code		3 Soc	cial security wages	4	Social security ta	x withheld
Daganga	h lmatitta						
Researc	h Institute		5 Me	dicare wages and tips	6	Medicare tax wit	hheld
	64 00007						
La Jolia	, CA 92037		7 Soc	cial security tips	8	Allocated tips	
d Control number			9 Adv	ance EIC payment	10	Dependent care	benefits
e Employee's first name and initia	al Last name	Suff.	11 No	nqualified plans	12a	1	
Sandy E	ggΩ		0	D.C. T.L.	d e		
	35		13 Statuto employ	ry Retirement Third-party ee plan sick pay	12b	1	
1122 0	ean Drive				d e		
1122 00	ean Drive		14 Oth	ner	12c	1	
San Dia	TO CA 02109				o d e		
Jan Die	go, CA 92108				12d	1	
					0 0		
f Employee's address and ZIP co							
15 State Employer's state ID nun		1 State incom		18 Local wages, tips, etc.	19 Loc	al income tax	20 Locality name
CA 123-45-67	789 30,000	2,44	0				

2018

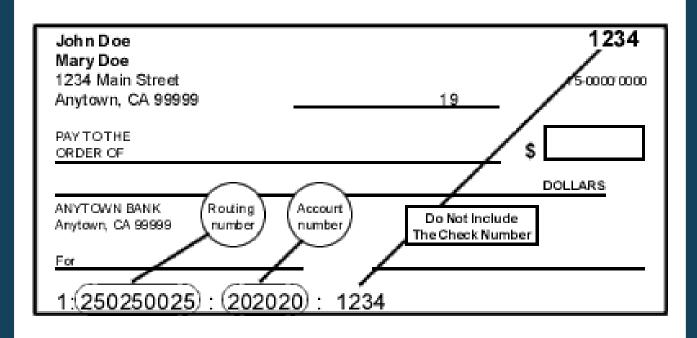
W-2 Wage and Tax
Statement
Copy 1—For State, City, or Local Tax Department

Department of the Treasury-Internal Revenue Service

Contributions		Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund		.00
alon		California Seniors Special Fund. See Instructions	170000	
ò	184	Tax due. If fine 86 is less than line 74, subtract line 86 from line 74	● 104	
Overpaid		Overpaild tax available this year, Subtract line 102 from line 101	• 103	.00
d Thx/		Amount of line 101 you want applied to your 2019 estimated tax.	• 102	- 100
lax Due	101	Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86	⊚ 101	
_	86	Add lines 81 through 85. These are your total payments. See instructions	⊕ 86	
	85	Earned Income Tax Credit (EITC)	• 15	
Poyn	84	Excess SDI (or VPDI) withheld. See Instructions	• 14	.00
Payments	83	Withholding (Form 592-6 and/or 593). See Instructions.	• 83	.00
	82	2018 CA estimated tax and other payments. See instructions	82	.00
£	81	California income tax withheld. See instructions.	• 81	2,446
	74	Add line 63, line 71, line 72, California Withholding	• 74	1,884
	73	Other taxes and credit recapture. See Instructions	• 73	
Other Taxes	72	Mental Health Services Tax. See Instructions	• 72	.00
9:	71	Alternative minimum tax. Attach Schedule P (\$40NR)	• 71	
Q-	63	Subtract line 62 from line 42. If less than zero, enter -0-	⊕ 63	1,884
8	62	Add line 50 and line 55 through 61. These are your total credits	⊕ 62	.00
O THE	61	Nonretundable renter's credit. See instructions	• 61	0
Special Credits continued	60	To claim more than two credits. See instructions	• 60	
a duning	59	Enter credit name code • and amount	• 59	.00
P 70	58	Enter credit name code ● and amount	• 58	

200	58	Enter credit name	• 58		00
Thoo	59	Enter credit name code • and amount	• 59		00
Special Credits continu	60	To claim more than two credits: See instructions	• 50		00
O THE	61	Nonretundable renter's credit. See instructions	• 61	0 .	00
8	62	Add line 50 and line 55 through 61. These are your total credits	● 62	Щ.	00
	63	Subtract line 62 from line 42. If less than zero, enter -0-	⊕ 63	1,884	001
ia:	71	Alternative minimum tax. Attach Schedule P (\$40NR)	• 71		00
Other Taxes	72	Mental Health Services Tax. See Instructions	• 72		00
Office	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 fax	• 74	1,884	00
	81	California income tax withheld. See instructions.	• 81	2,446	90
	82	2018 CA estimated tax and other payments. See instructions	• 82		00
Payments	83	Withholding (Form 592-B and/or 593). See Instructions	• 83		00
Pay	84	Excess SDI (or VPDI) withheld. See Instructions	• 84		00
	25	Earned Income Tax Credit (EITC)	85		00
_	86	Add lines 81 through 65, These are your total payments. See instructions	● 86	2,446	00
lax Due	101	Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86	⊚ 101	562	000
Thxiff	102	Amount of line 101 you want applied to your 2019 estimated tax.	• 102		00
Overpaid	103	Overpaid tax available this year. Subtract line 102 from line 101	• 103	562	00
ó	104	Tax due. If line 86 is less than line 74, subtract line 86 from line 74.	104		00
			Code	Amount	
9		Callfornia Seniors Special Fund. See Instructions	• 400		00
Contributions		Alzhelmer's Disease and Related Dementia Voluntary Tax Contribution Fund	• 401		00
Co		Plare and Endangered Species Preservation Voluntary Tex Contribution Program	• 403		90

Your name:	EGGO Your SSN or ITIN: 123456789
80 Mail	IUNT YOU O'WE. Add line 194 and line 129. See Instructions. Do not send cash. to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0801
of Signature Chec	est, late return penalties, and late payment penalties
Mail Mail of Fill in See	to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001 • 125
IMPORTANT:	Savings Type Examining amount of my refund (line 125) is authorized for direct deposit into the account shown below: Type Account number Checking Savings Attach a copy of your complete federal refurn. Your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to me and search for 1131. To request this notice by mail, call 800.852.5711.
Hodor populitio	s of perjury. I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my belief, it is true, correct, and complete. Cate Spouse/s/RDP's signature (if a joint tax return, both must sign)
Sign Here	Preferred phone number Puid properor's signature (declaration of preparer is based on all information of which preparer has any knowledge)
It is unlawful to forge a spouse/is/ HOP's signature.	Firm's name (or yours, if salf-employed) Firm's address Firm's address Firm's FEN
retum? (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



Your name:	EGGO Your SSN or ITIN: 123456789	
SO Mai	OUNT YOU OWE. Add line 194 and line 129. See instructions. Do not send cash. I to: Franchise Tax Board, Po Box 942867, Sacramento Ca 94267-0001	00
122 Into	rest, late return penalties, and late payment penalties. 122	00
長	ck the box: FTB 5805 attached FTB 5805F attached 123 . amount due. See instructions, Enclose, but do not staple, any payment 124	00
	FUND OR NO AMBUNT DUE. Subtract line 120 from line 103.	
The second second	I ID: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001 ● 125	00
All of the second secon	Instructions. Have you verified the routing and account numbers? Use whole dollars only, or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below: Type	
To learn about ttb.ca.gov/for Under penaltic	Attach a copy of your complete federal return. I your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to the search for 1131. To request this notice by mail, call 800,852,5711. It is of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my declare that i have examined this tax return.	
Your signature	Date Spouse't/PDP's signature (if a joint tax ratum, both must storr)	
	Nour email address. Enter only one email address. **Preferred phone number	
Sign Here	Paid properer's signature (declaration of preparer is based on all information of which preparer has any knowledge)	18
It is unlawful to forge a spouse's/ RDP's signature.	Firm's name (or yours, if self-employed)	
Joint tax	Firm's address Firm's FEIN	
(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 Takenous Number	

Your name:	EGGO Your SSN or ITIN: 123456789	
BO Mai	OUNT YOU O'WE. Add line 194 and line 129. See Instructions. Do not send cash. I to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0801 • 121 Online – Go to fib.cs.gov/pay for more information.	.00
^当	rest, late return penalties, and late payment penalties. 122 terpayment of estimated tax. ck the box: • FTR SRNS attached • FTR SRNSF attached • 123	.00
	al amount due. See Instructions, Enclose, but do not staple, any payment	.00
125 REI	FUND OR NO AMBUNT DUE. Subtract line 120 from line 103.	i i i
G FIII See	in the Information to authorize direct deposit of your retund into one or two accounts. Do not attach a voided check or a deposit slip. Instructions. Have you verified the routing and account numbers? Use whole dollars only, or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below: Type	.00
Hefund at	Routing number Checking Account number 126 Direct deposit amount 250250025 Savings	.00
To learn about	Savings Attach a copy of your complete federal return. I your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to the and search for 1131. To request this notice by mail, call 800,852,5711.	. 1001
knowledge an	as of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my dibelief, it is true, correct, and complete.	
Your signature	andy Eggo 04/15/2019 Spouse/WRDP's signature (if a joint tax return, both must stori)	
	Only one anal address. Enter only one amail address.	
61 100	Sandy.Eggo@gmail.com (987) 654-3210	
Sign Here	Paid properer's signature (declaration of preparer is based on all information of which preparer has any knowledge)	
it is unlawful to forge a spouse's/ ROP's signature.	Firm's name (or yours, if saif-amployed):	
Joint tex return?	Firm's Address Firm's FEN	
(See Instructions)	Do you want to allow another person to discuss this tax return with us? See instructions. • Yes No Print Third Party Designed's Name Telaphone Number	
		15

B. B. 197 St. 47.	to: FRANCE	WE. Add line 104 and lin HISE TAX BOARD, PO BO to ftb.ca.gov/pay for mo	X 942867, SACF			• 121 <u></u>		00
122 Inter	rest, late retu	rn penalties, and late pay	ment penalties.			122_		00
123 Und	erpayment o	f estimated tax. Check th	e box: • 🗆 F	TB 5805 attached	● ■FTB 58	805F attached . • 123		00
124 Tota	l amount due	e. See instructions. Enclo	so hut do not st	anle any navment		124		00
09000000000	0.70 7 C T = 12 (atori ngganomia situan aya-sama aya		y Distal				
125 REF	UND OR NO	AMOUNT DUE. Subtract	line 120 from lin	e 103.				
Mail	to: FRANCH	ISE TAX BOARD, PO BO	X 942840, SACR	AMENTO CA 9424	10-0001	• 125	474	. 00
See instr	uctions. Hav	to authorize direct depose e you verified the routing nount of my refund (line Checking	g and account nu	ımbers? Use whol	le dollars only.	attach a voided check or int shown below:	a deposit slip.	
250	25002		202020				474	. 00
	g number		Account numbe	r	10.00 100 10.00	• 126 Dir	ect deposit amour	nt
MPORTANT: to learn about tb.ca.gov/for	your privacy ms and sear is of perjury,	y of your complete feder rights, how we may use ch for 1131. To request the	your information his notice by mail mined this tax ret	and the consequ call 800.852.571		127 Dir roviding the requested infedules and statements, as		cot
our signature		rue, correct, and comple	Date		Spouse's/F	RDP's signature (if a joint tax	return, both must sig	jn)
. 5	andy	Eggo		04/15/2019	X		1.5	
P!	● You	r email address. Enter only o			1214/2017	Preferred phone nu		
Sign Here		ndy.Eggo@gmai		based on all inform	ation of which pr	123 4	456 789	0
	I I becamake		70V-701*V01*10.7240140		: minor and a managed and			
t is unlawful o forge a		name (or yours, if self-emplo	yed)			• PTIN		-
pouse's/RDP's ignature.	**							
oint tax return See instruction		address				• FEIN		
	.550 82					1.7		
		u want to allow another p hird Party Designee's Na		this tax return with	h us? See instru	ictions • Yes Telephone Numb	No per	
						4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		- //

FOR ADDITIONAL HELP

Toll free phone number 1-800-852-5711

Internet ftb.ca.gov

