

Residency Filing Status

- If your California filing status is different from your federal filing status, check the box here
- 1 Single
- 2 Married/RDP filing jointly. See inst.
- 4 Head of household (with qualifying person). See instructions.
- 5 Qualifying widow(er). Enter year spouse/RDP died _____
See inst. _____

- State of residence: Yourself _____ Spouse/RDP _____
- Dates of California residency: Yourself from _____ to _____ Spouse/RDP from _____ to _____
- State or country of domicile: Yourself _____ Spouse/RDP _____

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

► For line 7, line 8, 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 or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box.
If you checked the box on line 6, see instructions. 7 X \$118 = \$ _____

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. 8 X \$118 = \$ _____

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

Exemptions

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

Total dependent exemptions 10 X \$367 = \$ _____

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

Total Taxable Income

- 12 Total California wages from your Form(s) W-2, box 16 12 _____ 00
- 13 Enter federal adjusted gross income from Form 1040, line 7;
Form 1040NR, line 35; or Form 1040NR-EZ, line 10 13 _____ 00
If the amount on line 13 is more than \$100,000, stop here and use Long Form 540NR.
- 14 Unemployment compensation and military pay adjustment. See instructions 14 _____ 00
- 17 Adjusted gross income from all sources. Subtract line 14 from line 13. 17 _____ 00
- 18 **Standard deduction** for your filing status. If you checked the box on line 6, see instructions.
 - Single \$4,401
 - Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$8,802. 18 _____ 00
- 19 Subtract line 18 from line 17. This is your **total taxable income**. If less than zero, enter -0- 19 _____ 00

Your name: _____ Your SSN or ITIN: _____

California Taxable Income

- 31 Tax on the amount shown on line 19, see instructions. ● 31 _____ | 00
- 32 CA adjusted gross income. Add wages from line 12 and California taxable interest
(Form 1099-INT, box 1). Military servicemembers see line 14 instructions ● 32 _____ | 00
- 33 CA Standard Deduction Percentage. Divide line 32 by line 17. If more than 1, enter 1.0000 ● 33 _____
- 34 CA Prorated Standard Deduction. Multiply line 18 by line 33. ● 34 _____ | 00
- 35 CA Taxable Income. Subtract line 34 from line 32. If less than zero, enter -0- ● 35 _____ | 00
- 36 CA Tax Rate. Divide line 31 by line 19 ● 36 _____
- 37 CA Tax Before Exemption Credits. Multiply line 35 by line 36. ● 37 _____ | 00
- 38 CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000 ● 38 _____
- 39 CA Prorated Exemption Credits. Multiply line 11 by line 38. ● 39 _____ | 00
- 42 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- ● 42 _____ | 00

Nonrefundable Renter's Credit

- 61 Nonrefundable renter's credit. See instructions ● 61 _____ | 00
- 74 Total tax. Subtract line 61 from line 42. If less than zero, enter -0- ● 74 _____ | 00

Payments

- 81 California income tax withheld (Form(s) W-2, box 17). ● 81 _____ | 00
- 85 Earned Income Tax Credit (EITC) ● 85 _____ | 00
- 86 Total payments. Add line 81 and line 85. ● 86 _____ | 00

Overpaid Tax or Tax Due

- 103 Overpaid tax. If line 86 is larger than line 74, subtract line 74 from line 86 ● 103 _____ | 00
- 104 Tax due. If line 86 is less than line 74, subtract line 86 from line 74 ● 104 _____ | 00

Contributions

	Code	Amount
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	● 401	_____ 00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program.	● 403	_____ 00
California Breast Cancer Research Voluntary Tax Contribution Fund	● 405	_____ 00

Your name: _____ Your SSN or ITIN: _____



Contributions

	Code	Amount
California Firefighters' Memorial Fund	● 406	00
Emergency Food for Families Voluntary Tax Contribution Fund	● 407	00
California Peace Officer Memorial Foundation Fund	● 408	00
California Sea Otter Fund	● 410	00
California Cancer Research Voluntary Tax Contribution Fund	● 413	00
School Supplies for Homeless Children Fund	● 422	00
State Parks Protection Fund/Parks Pass Purchase	● 423	00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	● 424	00
Keep Arts in Schools Voluntary Tax Contribution Fund	● 425	00
State Children's Trust Fund for the Prevention of Child Abuse	● 430	00
Prevention of Animal Homelessness and Cruelty Fund	● 431	00
Revive the Salton Sea Fund	● 432	00
California Domestic Violence Victims Fund	● 433	00
Special Olympics Fund	● 434	00
Type 1 Diabetes Research Fund	● 435	00
California YMCA Youth and Government Voluntary Tax Contribution Fund	● 436	00
Habitat for Humanity Voluntary Tax Contribution Fund	● 437	00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	● 438	00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	● 439	00
Rape Backlog Kit Voluntary Tax Contribution Fund	● 440	00
Organ and Tissue Donor Registry Voluntary Tax Contribution Fund	● 441	00
National Alliance on Mental Illness California Voluntary Tax Contribution Fund	● 442	00
Schools Not Prisons Voluntary Tax Contribution Fund	● 443	00
120 Add code 401 through code 443. This is your total contribution	● 120	00

Your name: _____ Your SSN or ITIN: _____

Amount You Owe

121 AMOUNT YOU OWE. Add line 104 and line 120. See instructions. **Do Not Send Cash.**
 Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ● 121 _____ .00
 Pay Online – Go to ftb.ca.gov/pay for more information.

Refund and Direct Deposit

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

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions **Have you verified the routing and account numbers?** Use whole dollars only.

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

_____ Checking _____ .00
 _____ Savings _____ .00
 ● Routing number ● Type ● Account number ● 126 Direct deposit amount

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

_____ Checking _____ .00
 _____ Savings _____ .00
 ● Routing number ● Type ● Account number ● 127 Direct deposit amount

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for **1131**. To request this notice by mail, call 800.852.5711.

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

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

Your email address. Enter only one email address. _____
 Preferred phone number () - _____

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Joint tax return? (See instructions)

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

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

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