

540NR

Nonresident Part-Year Resident Step by Step Example



SCENARIO

Sandy Eggo

Citizen of Pandora

Arrived in California on 7/1/2020

Spent the remainder of 2020 in CA

Filing a 1040NR tax return for 2020

Single

Sandy has the following income for 2020 :

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/ 2020

\$8,000

Interest Income

\$500

California Nonresident or Part-Year Resident Income Tax Return

2020

540NR

Check here if this is an AMENDED return. Fiscal year filers only: Enter month of year end: month year 2021.

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

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

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) State ZIP code

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

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

Prior Name Your prior name (see instructions) Spouse's/RDP's prior name (see instructions)

If your California filing status is different from your federal filing status, check the box here

1 Single 4 Head of household (with qualifying person). See instructions.

2 Married/RDP filing jointly. See inst. 5 Qualifying widow(er). Enter year spouse/RDP died.

3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here

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

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

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions. 7 X \$124 = \$

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 8 X \$124 = \$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 9 X \$124 = \$

10 **Dependents:** Do not include yourself or your spouse/RDP. **Dependent 1** **Dependent 2** **Dependent 3**

First Name

Last Name

SSN. See instructions.

Dependent's relationship to you

Total dependent exemptions 10 X \$383 = \$

California Nonresident or Part-Year Resident Income Tax Return

2020

540NR

Check here if this is an AMENDED return. Fiscal year filers only: Enter month of year end: month _____ year 2021.

Your first name SANDY	Initial <input type="checkbox"/>	Last name EGGO	Suffix <input type="checkbox"/>	Your SSN or ITIN 1 2 3-4 5 -6 7 8 9	<input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> RP
If joint tax return, spouse's/RDP's first name	Initial	Last name	Suffix	Spouse's/RDP's SSN or ITIN	
Additional information (see instructions)				PBA code	
Street address (number and street) or PO box 1122 OCEAN DRIVE				Apt. no./ste. no.	
City (If you have a foreign address, see instructions) SAN DIEGO				State CA	
				ZIP code 92108	
Foreign country name		Foreign province/state/county		Foreign postal code	

Date of Birth	Your DOB (mm/dd/yyyy)	Spouse's/RDP's DOB (mm/dd/yyyy)
	<input type="checkbox"/>	<input type="checkbox"/>
Prior Name	Your prior name (see instructions)	Spouse's/RDP's prior name (see instructions)
	<input type="checkbox"/>	<input type="checkbox"/>

If your California filing status is different from your federal filing status, check the box here

Filing Status	1 <input type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). See instructions.
	2 <input type="checkbox"/> Married/RDP filing jointly. See inst.	5 <input type="checkbox"/> Qualifying widow(er). Enter year spouse/RDP died. <input type="checkbox"/>
	See instructions. <input type="checkbox"/>	
3 <input type="checkbox"/> Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here <input type="checkbox"/>		
6 <input type="checkbox"/> If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst.	6 <input type="checkbox"/>	

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

Exemptions	7 Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions. <input checked="" type="radio"/> 7 <input type="checkbox"/> X \$124 = <input type="checkbox"/> \$ <input type="checkbox"/>															
	8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. <input checked="" type="radio"/> 8 <input type="checkbox"/> X \$124 = <input type="checkbox"/> \$ <input type="checkbox"/>															
	9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. <input checked="" type="radio"/> 9 <input type="checkbox"/> X \$124 = <input type="checkbox"/> \$ <input type="checkbox"/>															
	10 Dependents: Do not include yourself or your spouse/RDP.															
	<table border="1"> <tr> <th>Dependent 1</th> <th>Dependent 2</th> <th>Dependent 3</th> </tr> <tr> <td>First Name <input checked="" type="radio"/></td> <td><input checked="" type="radio"/></td> <td><input checked="" type="radio"/></td> </tr> <tr> <td>Last Name <input checked="" type="radio"/></td> <td><input checked="" type="radio"/></td> <td><input checked="" type="radio"/></td> </tr> <tr> <td>SSN. See instructions. <input checked="" type="radio"/></td> <td><input checked="" type="radio"/></td> <td><input checked="" type="radio"/></td> </tr> <tr> <td>Dependent's relationship to you <input checked="" type="radio"/></td> <td><input checked="" type="radio"/></td> <td><input checked="" type="radio"/></td> </tr> </table>	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. See instructions. <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"/>
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. See instructions. <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 <input checked="" type="radio"/> 10 <input type="checkbox"/> X \$383 = <input type="checkbox"/> \$ <input type="checkbox"/>																

California Nonresident or Part-Year Resident Income Tax Return

2020

540NR

Check here if this is an AMENDED return. Fiscal year filers only: Enter month of year end: month _____ year 2021.

Your first name SANDY	Initial <input type="checkbox"/>	Last name EGGO	Suffix <input type="checkbox"/>	Your SSN or ITIN 1 2 3-4 5 -6 7 8 9	<input type="checkbox"/> A
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If joint tax return, spouse's/RDP's first name <input type="checkbox"/>	Initial <input type="checkbox"/>	Last name <input type="checkbox"/>	Suffix <input type="checkbox"/>	Spouse's/RDP's SSN or ITIN <input type="checkbox"/>	<input type="checkbox"/> R
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Additional information (see instructions) <input type="checkbox"/>	PBA code <input type="checkbox"/>	<input type="checkbox"/> RP
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Street address (number and street) or PO box 1122 OCEAN DRIVE	Apt. no./ste. no. <input type="checkbox"/>	PMB/private mailbox <input type="checkbox"/>
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City (If you have a foreign address, see instructions) SAN DIEGO	State CA	ZIP code 92108
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Foreign country name <input type="checkbox"/>	Foreign province/state/county <input type="checkbox"/>	Foreign postal code <input type="checkbox"/>
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Date of Birth Your DOB (mm/dd/yyyy) ● 05/22/1989	Spouse's/RDP's DOB (mm/dd/yyyy) ● <input type="checkbox"/>
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Prior Name Your prior name (see instructions) ● <input type="checkbox"/>	Spouse's/RDP's prior name (see instructions) ● <input type="checkbox"/>
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If your California filing status is different from your federal filing status, check the box here

1 <input type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). See instructions.
2 <input type="checkbox"/> Married/RDP filing jointly. See inst.	5 <input type="checkbox"/> Qualifying widow(er). Enter year spouse/RDP died. <input type="checkbox"/>
3 <input type="checkbox"/> Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here <input type="checkbox"/>	

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

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

7 Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions. ● 7 <input type="checkbox"/> X \$124 = ● \$ <input type="checkbox"/>
8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 ● 8 <input type="checkbox"/> X \$124 = ● \$ <input type="checkbox"/>
9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 ● 9 <input type="checkbox"/> X \$124 = ● \$ <input type="checkbox"/>

Exemptions	10 Dependents: Do not include yourself or your spouse/RDP.	Dependent 1	Dependent 2	Dependent 3
	First Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Last Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SSN. See instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent's relationship to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Total dependent exemptions ● 10 X \$383 = ● \$

California Nonresident or Part-Year Resident Income Tax Return

2020

540NR

Check here if this is an AMENDED return. Fiscal year filers only: Enter month of year end: month _____ year 2021.

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

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

Additional information (see instructions) PBA code **RP**

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

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

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

Date of Birth Your DOB (mm/dd/yyyy) **05/22/1989** Spouse's/RDP's DOB (mm/dd/yyyy)

Prior Name Your prior name (see instructions) Spouse's/RDP's prior name (see instructions)

- ★ **Filing Status** 1 Single 4 Head of household (with qualifying person). See instructions.
- 2 Married/RDP filing jointly. See inst. 5 Qualifying widow(er). Enter year spouse/RDP died.
- ★ 3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here

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

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9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 9 X \$124 = \$

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

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

Total dependent exemptions 10 X \$383 = \$

California Nonresident or Part-Year Resident Income Tax Return

2020

540NR

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Your first name SANDY	Initial <input type="checkbox"/>	Last name EGGO	Suffix <input type="checkbox"/>	Your SSN or ITIN 1 2 3-4 5 -6 7 8 9	<input type="checkbox"/> A
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If joint tax return, spouse's/RDP's first name <input type="checkbox"/>	Initial <input type="checkbox"/>	Last name <input type="checkbox"/>	Suffix <input type="checkbox"/>	Spouse's/RDP's SSN or ITIN <input type="checkbox"/>	<input type="checkbox"/> R
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Additional information (see instructions) <input type="checkbox"/>	PBA code <input type="checkbox"/>	<input type="checkbox"/> RP
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Street address (number and street) or PO box 1122 OCEAN DRIVE	Apt. no./ste. no. <input type="checkbox"/>	PMB/private mailbox <input type="checkbox"/>
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City (If you have a foreign address, see instructions) SAN DIEGO	State CA	ZIP code 92108
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Foreign country name <input type="checkbox"/>	Foreign province/state/county <input type="checkbox"/>	Foreign postal code <input type="checkbox"/>
--	---	---

Date of Birth Your DOB (mm/dd/yyyy) 05/22/1989	Spouse's/RDP's DOB (mm/dd/yyyy) <input type="checkbox"/>
---	---

Prior Name Your prior name (see instructions) <input type="checkbox"/>	Spouse's/RDP's prior name (see instructions) <input type="checkbox"/>
--	--

If your California filing status is different from your federal filing status, check the box here

1 <input checked="" type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). See instructions.
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8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 <input type="radio"/> 8 <input type="checkbox"/> X \$124 = <input type="radio"/> \$ <input type="checkbox"/>
9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 <input type="radio"/> 9 <input type="checkbox"/> X \$124 = <input type="radio"/> \$ <input type="checkbox"/>

Exemptions	10 Dependents: Do not include yourself or your spouse/RDP.	Dependent 1	Dependent 2	Dependent 3
	First Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Last Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SSN. See instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent's relationship to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Total dependent exemptions 10 X \$383 = \$

Next:

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

See Handout Schedule CA (540NR)



SCENARIO

Sandy Eggo

Citizen of Pandora

Arrived in California on 7/1/2020

Spent the remainder of 2020 in CA

Filing a 1040NR tax return for 2020

Filing Status - Single

Sandy has the following income for 2020:

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**

2020

California Adjustments — Nonresidents or Part-Year Residents

CA (540NR)

Important: Attach this schedule behind Form 540NR, Side 5 as a supporting California schedule.

Name(s) as shown on tax return

SANDY EGGO

SSN or ITIN

1 2 3 4 5 6 7 8 9

Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2020.

During 2020:

1 My California (CA) Residency (Check one)

a Myself: [] Nonresident [] Part-Year Resident [] Resident

b Spouse: [] Nonresident [] Part-Year Resident [] Resident

Table with 2 columns: Yourself, Spouse/RDP. Rows include domicile information, move dates, days in CA (184), and prior residency.

Part II Income Adjustment Schedule

Main table with 6 columns: Section A - Income, Federal Amounts, Subtractions, Additions, Total Amounts Using CA Law, CA Amounts. Includes rows for wages, interest, dividends, IRA, pensions, social security, and additional income.

SCENARIO

Sandy Eggo

Citizen of Pandora

Arrived in California on 7/1/2020

Spent the remainder of 2020 in CA

Filing a 1040NR tax return for 2020

Single

Sandy has the following income for 2020:

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 7/1/2020 **\$8,000**
Interest Income **\$500**

2020

California Adjustments — Nonresidents or Part-Year Residents

CA (540NR)

Important: Attach this schedule behind Form 540NR, Side 5 as a supporting California schedule.

Name(s) as shown on tax return

SANDY EGGO

SSN or ITIN

1 2 3 4 5 6 7 8 9

Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2020.

During 2020:

1 My California (CA) Residency (Check one)

a Myself: Nonresident Part-Year Resident Resident

b Spouse: Nonresident Part-Year Resident Resident

	Yourself	Spouse/RDP
2 a I was domiciled in (enter two letter code, see Instructions)	<input checked="" type="radio"/> FC	<input type="radio"/>
b I was in the military and stationed in (enter two letter code)	<input type="radio"/>	<input type="radio"/>
3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) ...	<input checked="" type="radio"/> FC 07 01 2020	<input type="radio"/>
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move) ..	<input type="radio"/>	<input type="radio"/>
5 I was a CA nonresident the entire year (enter state of residence)	<input type="radio"/>	<input type="radio"/>
6 The number of days I spent in CA for any purpose was:	<input checked="" type="radio"/> 184	<input type="radio"/>
7 I owned a home/property in CA (enter Y for Yes, N for No)	<input checked="" type="radio"/> N	<input type="radio"/>
8 Before 2020: I was a CA resident for the period of	<input type="radio"/>	<input type="radio"/>

Part II Income Adjustment Schedule

	A	B	C	D	E
Section A — Income from federal Form 1040 or 1040-SR	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 C. 1	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
2 Taxable interest. a <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
3 Ordinary dividends. See Instructions. a <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
4 IRA distributions. See Instructions. a <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
5 Pensions and annuities. See Instructions. a <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
6 Social security benefits. a <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Capital gain or (loss). See Instructions ... 7	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Section B — Additional Income from federal Schedule 1 (Form 1040)					
1 Taxable refunds, credits, or offsets of state and local income taxes. 1	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2a Alimony received. See Instructions. 2a	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
3 Business income or (loss). See Instructions. ... 3	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
4 Other gains or (losses)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 5	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

2020

California Adjustments — Nonresidents or Part-Year Residents

CA (540NR)

Important: Attach this schedule behind Form 540NR, Side 5 as a supporting California schedule.

Name(s) as shown on tax return

SSN or ITIN

SANDY EGGO

1 2 3 4 5 6 7 8 9

Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2020.

During 2020:

1 My California (CA) Residency (Check one)

a Myself: Nonresident Part-Year Resident Resident

b Spouse: Nonresident Part-Year Resident Resident

Reported for IRS \$25,000

California wages \$50,000

Pandoran wages \$ 8,000

Total \$58,000

$$\$58,000 - \$25,000 = \$33,000$$

	Yourself	Spouse/RDP
1	<input checked="" type="radio"/> FC	<input type="radio"/>
2 (Date of move) ...	<input checked="" type="radio"/> FC 07 01 2020	<input type="radio"/>
3 (Date of move) ...	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>

Section A — Income from federal Form 1040 or 1040-SR	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 C. ... 1	<input checked="" type="radio"/> 25,000	<input type="radio"/>	<input checked="" type="radio"/> 33,000	<input checked="" type="radio"/> 58,000	<input checked="" type="radio"/> 50,000
2 Taxable interest. a <input type="radio"/> ... 2b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Ordinary dividends. See Instructions. a <input type="radio"/> ... 3b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 IRA distributions. See Instructions. a <input type="radio"/> ... 4b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Pensions and annuities. See Instructions. a <input type="radio"/> ... 5b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Social security benefits. a <input type="radio"/> ... 6b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Capital gain or (loss). See Instructions ... 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Section B — Additional Income from federal Schedule 1 (Form 1040)					
1 Taxable refunds, credits, or offsets of state and local income taxes. ... 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2a Alimony received. See Instructions. ... 2a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Business income or (loss). See Instructions. ... 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Other gains or (losses) ... 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. ... 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SCENARIO

Sandy Eggo

Citizen of Pandora

Arrived in California on 7/1/2020

Spent the remainder of 2020 in CA

Filing a 1040NR tax return for 2020

Single

Sandy has the following income for 2020:

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 7/1/2020 \$8,000

Interest Income \$500

2020

California Adjustments — Nonresidents or Part-Year Residents

CA (540NR)

Important: Attach this schedule behind Form 540NR, Side 5 as a supporting California schedule.

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

Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2020.

During 2020:

1 My California (CA) Residency (Check one)

a Myself: Nonresident Part-Year Resident Resident

b Spouse: Nonresident Part-Year Resident Resident

	Yourself	Spouse/RDP
2 a I was domiciled in (enter two letter code, see Instructions)	<input checked="" type="radio"/> FC	<input type="radio"/>
b I was in the military and stationed in (enter two letter code)	<input type="radio"/>	<input type="radio"/>
3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) ...	<input checked="" type="radio"/> FC 07 01 2020	<input type="radio"/>
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move) ..	<input type="radio"/>	<input type="radio"/>
5 I was a CA nonresident the entire year (enter state of residence)	<input type="radio"/>	<input type="radio"/>
6 The number of days I spent in CA for any purpose was:	<input checked="" type="radio"/> 184	<input type="radio"/>
7 I owned a home/property in CA (enter Y for Yes, N for No)	<input checked="" type="radio"/> N	<input type="radio"/>
8 Before 2020: I was a CA resident for the period of	<input type="radio"/>	<input type="radio"/>

Part II Income Adjustment Schedule

	A	B	C	D	E
Section A — Income from federal Form 1040 or 1040-SR	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 C. 1	<input checked="" type="radio"/> 25,000	<input type="radio"/>	<input checked="" type="radio"/> 33,000	<input checked="" type="radio"/> 58,000	<input checked="" type="radio"/> 50,000
2 Taxable interest. a <input checked="" type="radio"/> 2b	<input checked="" type="radio"/> 0	<input type="radio"/>	<input checked="" type="radio"/> 500	<input checked="" type="radio"/> 500	<input checked="" type="radio"/> 250
3 Ordinary dividends. See Instructions. a <input type="radio"/> 3b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 IRA distributions. See Instructions. a <input type="radio"/> 4b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Pensions and annuities. See Instructions. a <input type="radio"/> 5b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Social security benefits. a <input type="radio"/> 6b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Capital gain or (loss). See Instructions ... 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Section B — Additional Income from federal Schedule 1 (Form 1040)					
1 Taxable refunds, credits, or offsets of state and local income taxes. 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2a Alimony received. See Instructions. 2a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Business income or (loss). See Instructions. ... 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Other gains or (losses) 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Sandy declares resident of CA for 184/365 days or one-half of the year.

Section B — Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions (difference between CA & federal law)	C Additions See instructions (difference between CA & federal law)	D Total Amounts Using CA Law As if You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	E CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
6 Farm income or (loss)..... 6	⊕	⊕	⊕	⊕	⊕
7 Unemployment compensation..... 7	⊕	⊕			
8 Other income:					
a California lottery winnings		⊕	a		
b Disaster loss deduction from FTB 3805V		⊕	b		
c Federal NOL (Schedule 1 (Form 1040), line 8)			c	⊕	
d NOL deduction from FTB 3805V..... 8	⊕	⊕	d	⊕	⊕
e NOL from FTB 3805Z, FTB 3807, or FTB 3809			e		
f Other (describe): ⊕		⊕	f		
g Student loan discharged due to closure of a for-profit school		⊕	g		
9 Total. Combine Section A, line 1 through line 7, and Section B, line 1 through line 8, in each column. Go to Section C..... 9	⊕ 25,000	⊕ 0	⊕ 33,500	⊕ 58,500	⊕ 50,250

Section C — Adjustments to Income from Federal Schedule 1 (Form 1040)	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions (difference between CA & federal law)	C Additions See instructions (difference between CA & federal law)	D Total Amounts Using CA Law As if You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	E CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
10 Educator expenses..... 10	⊕	⊕			
11 Certain business expenses of reservists, performing artists, and fee-basis government officials..... 11	⊕	⊕	⊕	⊕	⊕
12 Health savings account deduction..... 12	⊕	⊕			
13 Moving expenses. Attach federal Form 3903. See instructions..... 13	⊕		⊕	⊕	⊕
14 Deductible part of self-employment tax. See instructions..... 14	⊕	⊕		⊕	⊕
15 Self-employed SEP, SIMPLE, and qualified plans..... 15	⊕			⊕	⊕
16 Self-employed health insurance deduction. See instructions..... 16	⊕	⊕		⊕	⊕
17 Penalty on early withdrawal of savings.... 17	⊕			⊕	⊕
18a Alimony paid. b Enter recipient's SSN ⊕ - - Last name ⊕	⊕		⊕	⊕	⊕
19 IRA deduction..... 19	⊕			⊕	⊕
20 Student loan interest deduction..... 20	⊕		⊕	⊕	⊕
21 Tuition and fees..... 21	⊕	⊕			
22 Add line 10 through line 21 in each column, A through E..... 22	⊕	⊕	⊕	⊕	⊕
23 Total. Subtract line 22 from line 9 in each column, A through E. See instructions..... 23	⊕ 25,000	⊕ 0	⊕ 33,500	⊕ 58,500	⊕ 50,250

Part III Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California

A Federal Amounts (from federal Schedule A (Form 1040 or 1040-SR))	B Subtractions See instructions	C Additions See instructions
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Medical and Dental Expenses See instructions.

1	Medical and dental expenses <input checked="" type="checkbox"/>	1			
2	Enter amount from federal Form 1040 or 1040-SR, line 8b <input checked="" type="checkbox"/>	2			
3	Multiply line 2 by 7.5% (0.075) <input checked="" type="checkbox"/>	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

Taxes You Paid

5a	State and local income tax or general sales taxes <input checked="" type="checkbox"/>	5a			
5b	State and local real estate taxes <input checked="" type="checkbox"/>	5b			
5c	State and local personal property taxes <input checked="" type="checkbox"/>	5c			
5d	Add lines 5a through 5c <input checked="" type="checkbox"/>	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 Enter the difference from line 5d and line 5e, column A in line 5e, column C <input checked="" type="checkbox"/>	5e	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6	Other taxes. List type <input checked="" type="checkbox"/>	6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7	Add lines 5e and 6 <input checked="" type="checkbox"/>	7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Interest You Paid

8a	Home mortgage interest and points reported to you on Form 1098 <input checked="" type="checkbox"/>	8a			
8b	Home mortgage interest not reported to you on Form 1098 <input checked="" type="checkbox"/>	8b			<input checked="" type="checkbox"/>
8c	Points not reported to you on Form 1098 <input checked="" type="checkbox"/>	8c			<input checked="" type="checkbox"/>
8d	Mortgage insurance premiums <input checked="" type="checkbox"/>	8d	<input checked="" type="checkbox"/>		
8e	Add lines 8a through 8d <input checked="" type="checkbox"/>	8e	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9	Investment interest <input checked="" type="checkbox"/>	9	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10	Add lines 8e and 9 <input checked="" type="checkbox"/>	10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Gifts to Charity

11	Gifts by cash or check <input checked="" type="checkbox"/>	11			
12	Other than by cash or check <input checked="" type="checkbox"/>	12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
13	Carryover from prior year <input checked="" type="checkbox"/>	13	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
14	Add lines 11 through 13 <input checked="" type="checkbox"/>	14	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Casualty and Theft Losses

15	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions <input checked="" type="checkbox"/>	15			
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Other Itemized Deductions

16	Other—from list in federal instructions <input checked="" type="checkbox"/>	16			
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C <input checked="" type="checkbox"/>	17	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

2020

Department of the Treasury—Internal Revenue Service

During 2020, Sandy donated **\$75** to The Puppy Program.



Total Itemized Deductions:
State Income Tax **\$2,446**
Charitable Donation **\$ 75**
Total \$2,521



Part III Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California

A Federal Amounts
(from federal Schedule A,
Form 1040 or 1040-SR)

B Subtractions
See instructions

C Additions
See instructions

Medical and Dental Expenses See instructions.

1	Medical and dental expenses	<input checked="" type="checkbox"/>	1			
2	Enter amount from federal Form 1040 or 1040-SR, line 8b	<input checked="" type="checkbox"/>	2			
3	Multiply line 2 by 7.5% (0.075)	<input checked="" type="checkbox"/>	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

Taxes You Paid

5a	State and local income tax or general sales taxes	<input checked="" type="checkbox"/>	5a	<input checked="" type="checkbox"/>	2,446	<input checked="" type="checkbox"/>	
5b	State and local real estate taxes	<input checked="" type="checkbox"/>	5b	<input checked="" type="checkbox"/>			
5c	State and local personal property taxes	<input checked="" type="checkbox"/>	5c	<input checked="" type="checkbox"/>			
5d	Add lines 5a through 5c	<input checked="" type="checkbox"/>	5d	<input checked="" type="checkbox"/>			
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 line 5d and line 5e, column A in line 5e, column C	<input checked="" type="checkbox"/>	5e	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6	Other taxes. List type	<input checked="" type="checkbox"/>	6	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7	Add lines 5e and 6	<input checked="" type="checkbox"/>	7	<input checked="" type="checkbox"/>	2,446	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Interest You Paid

8a	Home mortgage interest and points reported to you on Form 1098	<input checked="" type="checkbox"/>	8a	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
8b	Home mortgage interest not reported to you on Form 1098	<input checked="" type="checkbox"/>	8b	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
8c	Points not reported to you on Form 1098	<input checked="" type="checkbox"/>	8c	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
8d	Mortgage insurance premiums	<input checked="" type="checkbox"/>	8d	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
8e	Add lines 8a through 8d	<input checked="" type="checkbox"/>	8e	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9	Investment interest	<input checked="" type="checkbox"/>	9	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10	Add lines 8e and 9	<input checked="" type="checkbox"/>	10	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Gifts to Charity

11	Gifts by cash or check	<input checked="" type="checkbox"/>	11	<input checked="" type="checkbox"/>	75	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
12	Other than by cash or check	<input checked="" type="checkbox"/>	12	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
13	Carryover from prior year	<input checked="" type="checkbox"/>	13	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
14	Add lines 11 through 13	<input checked="" type="checkbox"/>	14	<input checked="" type="checkbox"/>	75	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Casualty and Theft Losses

15	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions	<input checked="" type="checkbox"/>	15	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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Other Itemized Deductions

16	Other—from list in federal instructions	<input checked="" type="checkbox"/>	16	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	<input checked="" type="checkbox"/>	17	<input checked="" type="checkbox"/>	2,521	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

18 **Total.** Combine line 17 column A less column B plus column C 18

Part III Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California

A Federal Amounts
(from federal Schedule A,
Form 1040 or 1040-SR)

B Subtractions
See instructions

C Additions
See instructions

Medical and Dental Expenses See instructions.

1	Medical and dental expenses	<input checked="" type="radio"/>	1			
2	Enter amount from federal Form 1040 or 1040-SR, line 8b	<input checked="" type="radio"/>	2			
3	Multiply line 2 by 7.5% (0.075)	<input checked="" type="radio"/>	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0	<input checked="" type="radio"/>	4			<input checked="" type="radio"/>

Taxes You Paid

5a	State and local income tax or general sales taxes	<input checked="" type="radio"/>	5a	2,446	<input checked="" type="radio"/>	2,446	
5b	State and local real estate taxes	<input checked="" type="radio"/>	5b				
5c	State and local personal property taxes	<input checked="" type="radio"/>	5c				
5d	Add lines 5a through 5c	<input checked="" type="radio"/>	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 Enter the difference from line 5d and line 5e, column A in line 5e, column C	<input checked="" type="radio"/>	5e		<input checked="" type="radio"/>		<input checked="" type="radio"/>
6	Other taxes. List type <input checked="" type="radio"/>	<input checked="" type="radio"/>	6		<input checked="" type="radio"/>		<input checked="" type="radio"/>
7	Add lines 5e and 6	<input checked="" type="radio"/>	7	2,446	<input checked="" type="radio"/>	2,446	<input checked="" type="radio"/>

Interest You Paid

8a	Home mortgage interest and points reported to you on Form 1098	<input checked="" type="radio"/>	8a			<input checked="" type="radio"/>
8b	Home mortgage interest not reported to you on Form 1098	<input checked="" type="radio"/>	8b			<input checked="" type="radio"/>
8c	Points not reported to you on Form 1098	<input checked="" type="radio"/>	8c			<input checked="" type="radio"/>
8d	Mortgage insurance premiums	<input checked="" type="radio"/>	8d		<input checked="" type="radio"/>	
8e	Add lines 8a through 8d	<input checked="" type="radio"/>	8e		<input checked="" type="radio"/>	<input checked="" type="radio"/>
9	Investment interest	<input checked="" type="radio"/>	9		<input checked="" type="radio"/>	<input checked="" type="radio"/>
10	Add lines 8e and 9	<input checked="" type="radio"/>	10		<input checked="" type="radio"/>	<input checked="" type="radio"/>

Gifts to Charity

11	Gifts by cash or check	<input checked="" type="radio"/>	11	75	<input checked="" type="radio"/>		<input checked="" type="radio"/>
12	Other than by cash or check	<input checked="" type="radio"/>	12		<input checked="" type="radio"/>		<input checked="" type="radio"/>
13	Carryover from prior year	<input checked="" type="radio"/>	13		<input checked="" type="radio"/>		<input checked="" type="radio"/>
14	Add lines 11 through 13	<input checked="" type="radio"/>	14	75	<input checked="" type="radio"/>		<input checked="" type="radio"/>

Casualty and Theft Losses

15	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions	<input checked="" type="radio"/>	15		<input checked="" type="radio"/>		<input checked="" type="radio"/>
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Other Itemized Deductions

16	Other—from list in federal instructions	<input checked="" type="radio"/>	16		<input checked="" type="radio"/>		<input checked="" type="radio"/>
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	<input checked="" type="radio"/>	17	2,521	<input checked="" type="radio"/>	2,446	<input checked="" type="radio"/>

18	Total. Combine line 17 column A less column B plus column C	<input checked="" type="radio"/>	18				75
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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 line 19 through line 21 22

23 Enter amount from federal Form 1040 or 1040-SR, line 11

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

27 Other adjustments. See instructions. Specify 27

28 Combine line 26 and line 27. 28

29 **Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status?**
Single or married/RDP filing separately \$283,341
Head of household \$385,015
Married/RDP filing jointly or qualifying widow(er) \$486,687
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

30 **Enter the larger of the amount on line 29 or your standard deduction listed below**
Single or married/RDP filing separately. See instructions. \$4,501
Married/RDP filing jointly, head of household, or qualifying widow(er) \$9,202 30

Part IV California Taxable Income

1 **California AGI.** Enter your California AGI from Part III, line 23, column E. 1

2 Enter your deductions from line 30 2

3 **Deduction Percentage.** Divide Part III, line 23, column E by Part III, line 23, 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- 3

4 **California Itemized/Standard Deductions.** Multiply line 2 by the percentage on line 3 4

5 **California Taxable Income.** Subtract line 4 from line 1. Transfer this amount to 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. 19

20 Tax preparation fees. 20

21 Other expenses - investment, safe deposit box, etc. List type 21

22 Add line 19 through line 21 22

23 Enter amount from federal Form 1040 or 1040-SR, line 11

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

27 Other adjustments. See instructions. Specify 27

28 Combine line 26 and line 27. 28

29 Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status?
Single or married/RDP filing separately \$283,341
Head of household \$385,016
Married/RDP filing jointly or qualifying widow(er) \$486,687
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

30 Enter the larger of the amount on line 29 or your standard deduction listed below
Single or married/RDP filing separately. See instructions. \$4,601
Married/RDP filing jointly, head of household, or qualifying widow(er) \$9,202 30

Part IV California Taxable Income

1 California AGI. Enter your California AGI from Part II, line 23, column E. 1

2 Enter your deductions from line 30 2

3 Deduction Percentage. Divide Part II, line 23, column E by Part II, line 23, 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- 3

4 California Itemized/Standard Deductions. Multiply line 2 by the percentage on line 3 4

5 California Taxable Income. Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than zero, enter -0- 5

	A	B	C	D	E
Section 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)
6 Farm income or (loss) 6	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
7 Unemployment compensation 7	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
8 Other income:					
a California lottery winnings		a <input checked="" type="radio"/>	a		
b Disaster loss deduction from FTB 3805V		b <input checked="" type="radio"/>	b		
c Federal NOL (Schedule 1 (Form 1040 or 1040-SR), line 8)		c	c <input checked="" type="radio"/>		
d NOL deduction from FTB 3805V 8	<input checked="" type="radio"/>	d <input checked="" type="radio"/>	d	8 <input checked="" type="radio"/>	8 <input checked="" type="radio"/>
e NOL from FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809		e <input checked="" type="radio"/>	e		
f Other (describe): <input checked="" type="radio"/>		f <input checked="" type="radio"/>	f		
g Student loan discharged due to closure of a for-profit school		g <input checked="" type="radio"/>	g		
9 Total. Combine Section A, line 1 through line 6, and Section B, line 1 through line 8, in each column. Go to Section C 9	<input checked="" type="radio"/> 25,000	<input checked="" type="radio"/> 0	<input checked="" type="radio"/> 33,500	<input checked="" type="radio"/> 58,500	<input checked="" type="radio"/> 50,250

	A	B	C	D	E
Section C — Adjustments to Income from federal Schedule 1 (Form 1040 or 1040-SR)	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)
10 Educator expenses 10	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
11 Certain business expenses of reservists, performing artists, and fee-basis government officials 11	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
12 Health savings account deduction 12	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
13 Moving expenses. Attach federal Form 3903. See instructions 13	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
14 Deductible part of self-employment tax ... 14	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
15 Self-employed SEP, SIMPLE, and qualified plans 15	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
16 Self-employed health insurance deduction 16	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
17 Penalty on early withdrawal of savings ... 17	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
18a Alimony paid. b Enter recipient's: SSN <input checked="" type="radio"/> - - - - - Last name <input checked="" type="radio"/> 18a	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
19 IRA deduction 19	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
20 Student loan interest deduction 20	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
21 Tuition and fees 21	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
22 Add line 10 through line 21 in each column, A through E 22	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
23 Total. Subtract line 22 from line 9 in each column, A through E. See instructions. ... 23	<input checked="" type="radio"/> 25,000	<input checked="" type="radio"/> 0	<input checked="" type="radio"/> 33,500	<input checked="" type="radio"/> 58,500	<input checked="" type="radio"/> 50,250

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 line 19 through line 21 22

23 Enter amount from federal Form 1040 or 1040-SR, line 11

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

27 Other adjustments. See instructions. Specify 27

28 Combine line 26 and line 27. 28

29 Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status?
Single or married/RDP filing separately \$283,341
Head of household \$385,016
Married/RDP filing jointly or qualifying widow(er) \$486,687
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

30 Enter the larger of the amount on line 29 or your standard deduction listed below
Single or married/RDP filing separately. See instructions. \$4,601
Married/RDP filing jointly, head of household, or qualifying widow(er) \$9,202 30

Part IV California Taxable Income

1 California AGI. Enter your California AGI from Part II, line 23, column E. 1

2 Enter your deductions from line 30. 2

3 Deduction Percentage. Divide Part II, line 23, column E by Part II, line 23, 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-. 3

4 California Itemized/Standard Deductions. Multiply line 2 by the percentage on line 3. 4

5 California Taxable Income. Subtract line 4 from line 1. Transfer this amount to 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.	Ⓐ 19	
20	Tax preparation fees.	Ⓐ 20	
21	Other expenses - investment, safe deposit box, etc. List type Ⓐ	Ⓐ 21	
22	Add line 19 through line 21.	Ⓐ 22	
23	Enter amount from federal Form 1040 or 1040-SR, line 11 Ⓐ		
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	Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately \$283,341 Head of household \$385,016 Married/RDP filing jointly or qualifying widow(er) \$486,687 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. \$4,601 Married/RDP filing jointly, head of household, or qualifying widow(er) \$9,202	Ⓐ 30	4,601

Part IV California Taxable Income

1	California AGI. Enter your California AGI from Part II, line 23, column E.	Ⓐ 1	50,250
2	Enter your deductions from line 30.	Ⓐ 2	4,601
3	Deduction Percentage. Divide Part II, line 23, column E by Part II, line 23, 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-	Ⓐ 3	0.8590
4	California Itemized/Standard Deductions. Multiply line 2 by the percentage on line 3.	Ⓐ 4	
5	California Taxable Income. Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 25. If less than zero, enter -0-	Ⓐ 5	

50,250/58,500

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 line 19 through line 21.	⊙ 22	
23	Enter amount from federal Form 1040 or 1040-SR, line 11 ⊕		
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	Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately \$283,341 Head of household \$385,016 Married/RDP filing jointly or qualifying widow(er) \$486,687 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. \$4,601 Married/RDP filing jointly, head of household, or qualifying widow(er) \$9,202	⊙ 30	4,601

Part IV California Taxable Income

1	California AGI. Enter your California AGI from Part III, line 23, column E.	⊙ 1	50,250
2	Enter your deductions from line 30.	⊙ 2	4,601
3	Deduction Percentage. Divide Part III, line 23, column E by Part II, line 23, 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-	⊙ 3	0.8590
4	California Itemized/Standard Deductions. Multiply line 2 by the percentage on line 3.	⊙ 4	3,952
5	California Taxable Income. Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than zero, enter -0-	⊙ 5	

4,601 x .8590

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 line 19 through line 21.	Ⓐ 22	
23	Enter amount from federal Form 1040 or 1040-SR, line 11 Ⓐ		
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	Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately \$283,341 Head of household \$385,016 Married/RDP filing jointly or qualifying widow(er) \$486,687 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. \$4,601 Married/RDP filing jointly, head of household, or qualifying widow(er) \$9,202	Ⓐ 30	4,601

Part IV California Taxable Income

1	California AGI. Enter your California AGI from Part II, line 23, column E.	Ⓐ 1	50,250
2	Enter your deductions from line 30.	Ⓐ 2	4,601
3	Deduction Percentage. Divide Part II, line 23, column E by Part II, line 23, 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-	Ⓐ 3	0.8590
4	California Itemized/Standard Deductions. Multiply line 2 by the percentage on line 3.	Ⓐ 4	3,952
5	California Taxable Income. Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than zero, enter -0-	Ⓐ 5	46,298

California Nonresident or Part-Year Resident Income Tax Return

2020

540NR

Check here if this is an AMENDED return. Fiscal year filers only: Enter month of year end: month _____ year 2021.

Your first name SANDY	Initial <input type="checkbox"/>	Last name EGGO	Suffix <input type="checkbox"/>	Your SSN or ITIN 1 2 3-4 5 -6 7 8 9	<input type="checkbox"/> A
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If joint tax return, spouse's/RDP's first name <input type="checkbox"/>	Initial <input type="checkbox"/>	Last name <input type="checkbox"/>	Suffix <input type="checkbox"/>	Spouse's/RDP's SSN or ITIN <input type="checkbox"/>	<input type="checkbox"/> R
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Additional information (see instructions) <input type="checkbox"/>	PBA code <input type="checkbox"/>	<input type="checkbox"/> RP
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Street address (number and street) or PO box 1122 OCEAN DRIVE	Apt. no./ste. no. <input type="checkbox"/>	PMB/private mailbox <input type="checkbox"/>
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City (If you have a foreign address, see instructions) SAN DIEGO	State CA	ZIP code 92108
--	--------------------	--------------------------

Foreign country name <input type="checkbox"/>	Foreign province/state/county <input type="checkbox"/>	Foreign postal code <input type="checkbox"/>
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Date of Birth Your DOB (mm/dd/yyyy) ● 05/22/1989	Spouse's/RDP's DOB (mm/dd/yyyy) ● <input type="checkbox"/>
---	---

Prior Name Your prior name (see instructions) ● <input type="checkbox"/>	Spouse's/RDP's prior name (see instructions) ● <input type="checkbox"/>
--	--

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.

3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here

4 Head of household (with qualifying person). See instructions.

5 Qualifying widow(er). Enter year spouse/RDP died.

See instructions.

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

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

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions. ● 7 **1** X \$124 = ● \$ **124**

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 ● 8 X \$124 = ● \$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 ● 9 X \$124 = ● \$

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

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

Total dependent exemptions ● 10 X \$383 = ● \$

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

11 **124**

Total Taxable Income

11 Exemption amount: Add line 7 through line 10 11 \$ **124**

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

13 Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11 ⊕ 13 .00

14 California adjustments – subtractions. Enter the amount from Schedule CA (540NR), Part II, line 23, column B ● 14 .00

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

16 California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 23, column C ● 16 .00

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

18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction. See instructions ● 18 .00

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

CA Taxable Income

31 Tax. Check the box if from: Tax Table Tax Rate Schedule
 ● FTB 3800 ● FTB 3803 ● 31 .00

32 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 .00

36 CA Tax Rate. Divide line 31 by line 19 ⊕ 36 .00

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 .00

39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$203,341, see instructions ⊕ 39 .00

40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- ... ⊕ 40 .00

41 Tax. See instructions. Check the box if from: ● Schedule G-1 ● FTB 5870A ● 41 .00

42 Add line 40 and line 41 ● 42 .00

Special Credits

50 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506 ● 50 .00

51 Credit for joint custody head of household. See instructions ● 51 .00

52 Credit for dependent parent. See instructions. ● 52 .00

53 Credit for senior head of household. See instructions ● 53 .00

54 Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions ⊕ 54 .00

55 Credit amount. See instructions ● 55 .00

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

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

2 2020

Department of the Treasury — Internal Revenue Service

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

11 Exemption amount: Add line 7 through line 10 11 \$ **124**

Total Taxable Income

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

13 Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11 13 .00

14 California adjustments - subtractions. Enter the amount from Schedule CA (540NR), Part II, line 23, column B 14 .00

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

16 California adjustments - additions. Enter the amount from Schedule CA (540NR), Part II, line 23, column C 16 .00

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

18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction. See instructions 18 .00

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

CA Taxable Income

31 Tax. Check the box if from: Tax Table Tax Rate Schedule

FTB 3800 FTB 3803 31 .00

32 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 .00

36 CA Tax Rate. Divide line 31 by line 19 36 .00

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 .00

39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$203,341, see instructions 39 .00

40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- ... 40 .00

41 Tax. See instructions. Check the box if from: Schedule G-1 FTB 5870A 41 .00

42 Add line 40 and line 41 42 .00

Special Credits

50 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506 50 .00

51 Credit for joint custody head of household. See instructions 51 .00

52 Credit for dependent parent. See instructions. 52 .00

53 Credit for senior head of household. See instructions 53 .00

54 Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions 54 .00

55 Credit amount. See instructions 55 .00

Section B — Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions (difference between CA & federal law)	C Additions See instructions (difference between CA & federal law)	D Total Amounts Using CA Law As if You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	E CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
6 Farm income or (loss)..... 6	⊕	⊕	⊕	⊕	⊕
7 Unemployment compensation..... 7	⊕	⊕			
8 Other income:					
a California lottery winnings		⊕	a		
b Disaster loss deduction from FTB 3805V		⊕	b		
c Federal NOL (Schedule 1 (Form 1040), line 8)			c	⊕	
d NOL deduction from FTB 3805V..... 8	⊕	⊕	d	⊕	⊕
e NOL from FTB 3805Z, FTB 3807, or FTB 3809		⊕	e		
f Other (describe): ⊕		⊕	f		
g Student loan discharged due to closure of a for-profit school		⊕	g		
9 Total. Combine Section A, line 1 through line 7, and Section B, line 1 through line 8, in each column. Go to Section C..... 9	⊕ 25,000	⊕ 0	⊕ 33,500	⊕ 58,500	⊕ 50,250

Section C — Adjustments to Income from Federal Schedule 1 (Form 1040)	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions (difference between CA & federal law)	C Additions See instructions (difference between CA & federal law)	D Total Amounts Using CA Law As if You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	E CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
10 Educator expenses..... 10	⊕	⊕			
11 Certain business expenses of reservists, performing artists, and fee-basis government officials..... 11	⊕	⊕	⊕	⊕	⊕
12 Health savings account deduction..... 12	⊕	⊕			
13 Moving expenses. Attach federal Form 3905. See instructions..... 13	⊕		⊕	⊕	⊕
14 Deductible part of self-employment tax. See instructions..... 14	⊕	⊕		⊕	⊕
15 Self-employed SEP, SIMPLE, and qualified plans..... 15	⊕			⊕	⊕
16 Self-employed health insurance deduction. See instructions..... 16	⊕	⊕		⊕	⊕
17 Penalty on early withdrawal of savings.... 17	⊕			⊕	⊕
18a Alimony paid. Enter recipient's: SSN ⊕ - - Last name ⊕	⊕		⊕	⊕	⊕
19 IRA deduction..... 19	⊕			⊕	⊕
20 Student loan interest deduction..... 20	⊕		⊕	⊕	⊕
21 Tuition and fees..... 21	⊕	⊕			
22 Add line 10 through line 21 in each column, A through E..... 22	⊕	⊕	⊕	⊕	⊕
23 Total. Subtract line 22 from line 9 in each column, A through E. See instructions..... 23	⊕ 25,000	⊕ 0	⊕ 33,500	⊕ 58,500	⊕ 50,250

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

11 Exemption amount: Add line 7 through line 10 11 \$ **124**

Total Taxable Income

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

13 Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, 13 **25,000** .00

14 California adjustments - subtractions. Enter the amount from Schedule CA (540NR), Part II, line 23, column B 14 .00

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

16 California adjustments - additions. Enter the amount from Schedule CA (540NR), Part II, line 23, column C 16 .00

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

18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction. See instructions 18 .00

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

CA Taxable Income

31 Tax. Check the box if from: Tax Table Tax Rate Schedule

FTB 3800 FTB 3803 31 .00

32 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 .00

36 CA Tax Rate. Divide line 31 by line 19 36 .00

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 .00

39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$203,341, see instructions 39 .00

40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- ... 40 .00

41 Tax. See instructions. Check the box if from: Schedule G-1 FTB 5870A 41 .00

42 Add line 40 and line 41 42 .00

Special Credits

50 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506 50 .00

51 Credit for joint custody head of household. See instructions 51 .00

52 Credit for dependent parent. See instructions. 52 .00

53 Credit for senior head of household. See instructions 53 .00

54 Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions 54 .00

55 Credit amount. See instructions 55 .00

	A	B	C	D	E
Section 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)
6 Farm income or (loss) 6	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
7 Unemployment compensation 7	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
8 Other income:					
a California lottery winnings		a <input checked="" type="radio"/>	a _____		
b Disaster loss deduction from FTB 3805V		b <input checked="" type="radio"/>	b _____		
c Federal NOL (Schedule 1 (Form 1040 or 1040-SR), line 8)		c _____	c <input checked="" type="radio"/>		
d NOL deduction from FTB 3805V 8	<input checked="" type="radio"/>	d <input checked="" type="radio"/>	d _____	8 <input checked="" type="radio"/>	8 <input checked="" type="radio"/>
e NOL from FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809		e <input checked="" type="radio"/>	e _____		
f Other (describe): <input checked="" type="radio"/> _____		f <input checked="" type="radio"/>	f _____		
g Student loan discharged due to closure of a for-profit school		g <input checked="" type="radio"/>	g _____		
9 Total. Combine Section A, line 1 through line 6, and Section B, line 1 through line 8, in each column. Go to Section C 9	<input checked="" type="radio"/> 25,000	<input checked="" type="radio"/> 0	<input checked="" type="radio"/> 33,500	<input checked="" type="radio"/> 58,500	<input checked="" type="radio"/> 50,250

	A	B	C	D	E
Section C — Adjustments to Income from federal Schedule 1 (Form 1040 or 1040-SR)	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)
10 Educator expenses 10	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
11 Certain business expenses of reservists, performing artists, and fee-basis government officials 11	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
12 Health savings account deduction 12	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
13 Moving expenses. Attach federal Form 3903. See instructions 13	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
14 Deductible part of self-employment tax ... 14	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
15 Self-employed SEP, SIMPLE, and qualified plans 15	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
16 Self-employed health insurance deduction 16	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
17 Penalty on early withdrawal of savings ... 17	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
18a Alimony paid. b Enter recipient's: SSN <input checked="" type="radio"/> _____ Last name <input checked="" type="radio"/> _____ 18a	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
19 IRA deduction 19	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
20 Student loan interest deduction 20	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
21 Tuition and fees 21	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
22 Add line 10 through line 21 in each column, A through E 22	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
23 Total. Subtract line 22 from line 9 in each column, A through E. See instructions. ... 23	<input checked="" type="radio"/> 25,000	<input checked="" type="radio"/> 0	<input checked="" type="radio"/> 33,500	<input checked="" type="radio"/> 58,500	<input checked="" type="radio"/> 50,250

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

11 Exemption amount: Add line 7 through line 10 11 \$ **124**

Total Taxable Income

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

13 Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11 13 **25,000** .00

14 California adjustments - subtractions. Enter the amount from Schedule CA (540NR), Part II, line 23, column B 14 **0** .00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 **25,000** .00

16 California adjustments - additions. Enter the amount from Schedule CA (540NR), Part II, line 23, column C 16 .00

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

18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction. See instructions 18 .00

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

CA Taxable Income

31 Tax. Check the box if from: Tax Table Tax Rate Schedule

FTB 3800 FTB 3803 31 .00

32 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 .00

36 CA Tax Rate. Divide line 31 by line 19 36 .00

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 .00

39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$203,341, see instructions 39 .00

40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- ... 40 .00

41 Tax. See instructions. Check the box if from: Schedule G-1 FTB 5870A 41 .00

42 Add line 40 and line 41 42 .00

Special Credits

50 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506 50 .00

51 Credit for joint custody head of household. See instructions 51 .00

52 Credit for dependent parent. See instructions. 52 .00

53 Credit for senior head of household. See instructions 53 .00

54 Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions 54 .00

55 Credit amount. See instructions 55 .00

	A	B	C	D	E
Section 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)
6 Farm income or (loss) 6	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
7 Unemployment compensation 7	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
8 Other income:					
a California lottery winnings		a <input checked="" type="radio"/>	a _____		
b Disaster loss deduction from FTB 3805V		b <input checked="" type="radio"/>	b _____		
c Federal NOL (Schedule 1 (Form 1040 or 1040-SR), line 8)		c _____	c <input checked="" type="radio"/>		
d NOL deduction from FTB 3805V 8	<input checked="" type="radio"/>	d <input checked="" type="radio"/>	d _____	8 <input checked="" type="radio"/>	8 <input checked="" type="radio"/>
e NOL from FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809		e <input checked="" type="radio"/>	e _____		
f Other (describe): <input checked="" type="radio"/> _____		f <input checked="" type="radio"/>	f <input checked="" type="radio"/>		
g Student loan discharged due to closure of a for-profit school		g <input checked="" type="radio"/>	g _____		
9 Total. Combine Section A, line 1 through line 6, and Section B, line 1 through line 8, in each column. Go to Section C 9	<input checked="" type="radio"/> 25,000	<input checked="" type="radio"/> 0	<input checked="" type="radio"/> 33,500	<input checked="" type="radio"/> 58,500	<input checked="" type="radio"/> 50,250

	A	B	C	D	E
Section C — Adjustments to Income from federal Schedule 1 (Form 1040 or 1040-SR)	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)
10 Educator expenses 10	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
11 Certain business expenses of reservists, performing artists, and fee-basis government officials 11	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
12 Health savings account deduction 12	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
13 Moving expenses. Attach federal Form 3903. See instructions 13	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
14 Deductible part of self-employment tax ... 14	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
15 Self-employed SEP, SIMPLE, and qualified plans 15	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
16 Self-employed health insurance deduction 16	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
17 Penalty on early withdrawal of savings ... 17	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
18a Alimony paid. b Enter recipient's SSN <input checked="" type="radio"/> _____ Last name <input checked="" type="radio"/> _____ 18a	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
19 IRA deduction 19	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
20 Student loan interest deduction 20	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
21 Tuition and fees 21	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
22 Add line 10 through line 21 in each column, A through E 22	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
23 Total. Subtract line 22 from line 9 in each column, A through E. See instructions. ... 23	<input checked="" type="radio"/> 25,000	<input checked="" type="radio"/> 0	<input checked="" type="radio"/> 33,500	<input checked="" type="radio"/> 58,500	<input checked="" type="radio"/> 50,250

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

11 Exemption amount: Add line 7 through line 10 11 \$ **124**

Total Taxable Income	12 Total California wages from your federal Form(s) W-2, box 16 12 30,000 .00
	13 Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11 13 25,000 .00
	14 California adjustments - subtractions. Enter the amount from Schedule CA (540NR), Part II, line 23, column B 14 0 .00
	15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 25,000 .00
	16 California adjustments - additions. Enter the amount from Schedule CA (540NR), Part II, line 23, column C 16 33,500 .00
	17 Adjusted gross income from all sources. Combine line 15 and line 16 17 58,500 .00
18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction. See instructions 18 .00	
19 Subtract line 18 from line 17. This is your total taxable income. If less than zero, enter -0- 19 .00	

CA Taxable Income	31 Tax. Check the box if from: <input type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule
	32 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 .00
	36 CA Tax Rate. Divide line 31 by line 19 36 .00
	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 .00
	39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$203,341, see instructions 39 .00
	40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- ... 40 .00
41 Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A 41 .00	
42 Add line 40 and line 41 42 .00	

Special Credits	50 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506 50 .00
	51 Credit for joint custody head of household. See instructions 51 .00
	52 Credit for dependent parent. See instructions. 52 .00
	53 Credit for senior head of household. See instructions 53 .00
	54 Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions 54 .00
55 Credit amount. See instructions 55 .00	

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 line 19 through line 21.	⊙ 22	
23	Enter amount from federal Form 1040 or 1040-SR, line 11 ⊕		
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	Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status?		
	Single or married/RDP filing separately.		\$283,341
	Head of household.		\$385,016
	Married/RDP filing jointly or qualifying widow(er).		\$486,687
	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.		\$4,601
	Married/RDP filing jointly, head of household, or qualifying widow(er).	⊙ 30	4,601

Part IV California Taxable Income

1	California AGI. Enter your California AGI from Part II, line 23, column E.	⊙ 1	50,250
2	Enter your deductions from line 30.	⊙ 2	4,601
3	Deduction Percentage. Divide Part II, line 23, column E by Part II, line 23, 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-.	⊙ 3	0.8590
4	California Itemized/Standard Deductions. Multiply line 2 by the percentage on line 3.	⊙ 4	3,952
5	California Taxable Income. Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than zero, enter -0-.	⊙ 5	46,298

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

11 Exemption amount: Add line 7 through line 10 11 \$ **124**

Total Taxable Income	12 Total California wages from your federal Form(s) W-2, box 16 12 30,000 .00
	13 Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11 13 25,000 .00
	14 California adjustments - subtractions. Enter the amount from Schedule CA (540NR), Part II, line 23, column B 14 0 .00
	15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 25,000 .00
	16 California adjustments - additions. Enter the amount from Schedule CA (540NR), Part II, line 23, column C 16 33,500 .00
	17 Adjusted gross income from all sources. Combine line 15 and line 16 17 58,500 .00
18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction. See instructions 18 4,601 .00	
19 Subtract line 18 from line 17. This is your total taxable income . If less than zero, enter -0- 19 53,899 .00	

CA Taxable Income	31 Tax. Check the box if from: <input type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input checked="" type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803 31 .00
	32 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 .00
	36 CA Tax Rate. Divide line 31 by line 19 36 .00
	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 .00
	39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$203,341, see instructions 39 .00
	40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- ... 40 .00
41 Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A 41 .00	
42 Add line 40 and line 41 42 .00	

Special Credits	50 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506 50 .00
	51 Credit for joint custody head of household. See instructions 51 .00
	52 Credit for dependent parent. See instructions. 52 .00
	53 Credit for senior head of household. See instructions 53 .00
	54 Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions 54 .00
55 Credit amount. See instructions 55 .00	

Page 89
Total Taxable Income
\$53,899

2020 California Tax Table – Continued

Filing status: 1 or 3 (Single; Married/RDP Filing Separately) 2 or 5 (Married/RDP Filing Jointly; Qualifying Widow(er)) 4 (Head of Household)

If Your Taxable Income Is ...		The Tax For Filing Status			If Your Taxable Income Is ...		The Tax For Filing Status			If Your Taxable Income Is ...		The Tax For Filing Status		
At Least	But Not Over	1 Or 3 Is	2 Or 5 Is	4 Is	At Least	But Not Over	1 Or 3 Is	2 Or 5 Is	4 Is	At Least	But Not Over	1 Or 3 Is	2 Or 5 Is	4 Is
40,451	40,550	1,249	631	631	47,451	47,550	1,691	874	874	54,451	54,550	2,251	1,154	1,154
40,551	40,650	1,255	633	633	47,551	47,650	1,699	878	878	54,551	54,650	2,259	1,158	1,158
40,651	40,750	1,261	635	635	47,651	47,750	1,707	882	882	54,651	54,750	2,267	1,162	1,164
40,751	40,850	1,267	637	637	47,751	47,850	1,715	886	886	54,751	54,850	2,275	1,166	1,170
40,851	40,950	1,273	639	639	47,851	47,950	1,723	890	890	54,851	54,950	2,283	1,170	1,176
40,951	41,050	1,279	641	641	47,951	48,050	1,731	894	894	54,951	55,050	2,291	1,174	1,182
41,051	41,150	1,285	643	643	48,051	48,150	1,739	898	898	55,051	55,150	2,299	1,178	1,188
41,151	41,250	1,291	645	645	48,151	48,250	1,747	902	902	55,151	55,250	2,307	1,182	1,194
41,251	41,350	1,297	647	647	48,251	48,350	1,755	906	906	55,251	55,350	2,315	1,186	1,200
41,351	41,450	1,303	649	649	48,351	48,450	1,763	910	910	55,351	55,450	2,323	1,190	1,206
41,451	41,550	1,309	651	651	48,451	48,550	1,771	914	914	55,451	55,550	2,331	1,194	1,212
41,551	41,650	1,315	653	653	48,551	48,650	1,779	918	918	55,551	55,650	2,339	1,198	1,218
41,651	41,750	1,321	655	655	48,651	48,750	1,787	922	922	55,651	55,750	2,347	1,202	1,224
41,751	41,850	1,327	657	657	48,751	48,850	1,795	926	926	55,751	55,850	2,355	1,206	1,230
41,851	41,950	1,333	659	659	48,851	48,950	1,803	930	930	55,851	55,950	2,363	1,210	1,236
41,951	42,050	1,339	661	661	48,951	49,050	1,811	934	934	55,951	56,050	2,371	1,214	1,242
42,051	42,150	1,345	663	663	49,051	49,150	1,819	938	938	56,051	56,150	2,379	1,218	1,248
42,151	42,250	1,351	665	665	49,151	49,250	1,827	942	942	56,151	56,250	2,387	1,222	1,254
42,251	42,350	1,357	667	667	49,251	49,350	1,835	946	946	56,251	56,350	2,395	1,2	
42,351	42,450	1,363	670	670	49,351	49,450	1,843	950	950	56,351	56,450	2,403	1,2	
42,451	42,550	1,369	674	674	49,451	49,550	1,851	954	954	56,451	56,550	2,411	1,2	
42,551	42,650	1,375	678	678	49,551	49,650	1,859	958	958	56,551	56,650	2,419	1,238	1,278
42,651	42,750	1,381	682	682	49,651	49,750	1,867	962	962	56,651	56,750	2,427	1,242	1,284
45,451	45,550	1,549	794	794	52,451	52,550	2,091	1,074	1,074	59,451	59,550	2,662	1,354	1,452
45,551	45,650	1,555	798	798	52,551	52,650	2,099	1,078	1,078	59,551	59,650	2,671	1,358	1,458
45,651	45,750	1,561	802	802	52,651	52,750	2,107	1,082	1,082	59,651	59,750	2,681	1,362	1,464
45,751	45,850	1,567	806	806	52,751	52,850	2,115	1,086	1,086	59,751	59,850	2,690	1,366	1,470
45,851	45,950	1,573	810	810	52,851	52,950	2,123	1,090	1,090	59,851	59,950	2,699	1,370	1,476
45,951	46,050	1,579	814	814	52,951	53,050	2,131	1,094	1,094	59,951	60,050	2,709	1,374	1,482
46,051	46,150	1,585	818	818	53,051	53,150	2,139	1,098	1,098	60,051	60,150	2,718	1,378	1,488
46,151	46,250	1,591	822	822	53,151	53,250	2,147	1,102	1,102	60,151	60,250	2,727	1,382	1,494
46,251	46,350	1,597	826	826	53,251	53,350	2,155	1,106	1,106	60,251	60,350	2,737	1,386	1,500
46,351	46,450	1,603	830	830	53,351	53,450	2,163	1,110	1,110	60,351	60,450	2,746	1,3	
46,451	46,550	1,611	834	834	53,451	53,550	2,171	1,114	1,114	60,451	60,550	2,755	1,3	
46,551	46,650	1,619	838	838	53,551	53,650	2,179	1,118	1,118	60,551	60,650	2,764	1,300	1,510
46,651	46,750	1,627	842	842	53,651	53,750	2,187	1,122	1,122	60,651	60,750	2,774	1,402	1,524
46,751	46,850	1,635	846	846	53,751	53,850	2,195	1,126	1,126	60,751	60,850	2,783	1,406	1,530
46,851	46,950	1,643	850	850	53,851	53,950	2,203	1,130	1,130	60,851	60,950	2,792	1,410	1,536
46,951	47,050	1,651	854	854	53,951	54,050	2,211	1,134	1,134	60,951	61,050	2,802	1,414	1,542
47,051	47,150	1,659	858	858	54,051	54,150	2,219	1,138	1,138	61,051	61,150	2,811	1,418	1,548
47,151	47,250	1,667	862	862	54,151	54,250	2,227	1,142	1,142	61,151	61,250	2,820	1,422	1,554
47,251	47,350	1,675	866	866	54,251	54,350	2,235	1,146	1,146	61,251	61,350	2,830	1,426	1,560
47,351	47,450	1,683	870	870	54,351	54,450	2,243	1,150	1,150	61,351	61,450	2,839	1,430	1,566

Continued on next page.

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 Total Taxable Income
 \$53,899
 Filing Status (1 or 3)
Tax is \$2,203

California Tax Table – Continued

Single; Married/RDP Filing Separately			2 or 5 (Married/RDP Filing Jointly; Qualifying Widow(er))			4 (Head of Household)						
The Tax For Filing Status			If Your Taxable Income Is ...		The Tax For Filing Status			If Your Taxable Income Is ...		The Tax For Filing Status		
1 Or 3 ls	2 Or 5 ls	4 ls	At Least	But Not Over	1 Or 3 ls	2 Or 5 ls	4 ls	At Least	But Not Over	1 Or 3 ls	2 Or 5 ls	4 ls
1,249	631	631	47,451	47,550	1,691	874	874	54,451	54,550	2,251	1,154	
1,255	633	633	47,551	47,650	1,699	878	878	54,551	54,650	2,259	1,158	
1,261	635	635	47,651	47,750	1,707	882	882	54,651	54,750	2,267	1,162	
1,267	637	637	47,751	47,850	1,715	886	886	54,751	54,850	2,275	1,166	
1,273	639	639	47,851	47,950	1,723	890	890	54,851	54,950	2,283	1,170	
1,279	641	641	47,951	48,050	1,731	894	894	54,951	55,050	2,291	1,174	
1,285	643	643	48,051	48,150	1,739	898	898	55,051	55,150	2,299	1,178	
1,291	645	645	48,151	48,250	1,747	902	902	55,151	55,250	2,307	1,182	
1,297	647	647	48,251	48,350	1,755	906	906	55,251	55,350	2,315	1,186	
1,303	649	649	48,351	48,450	1,763	910	910	55,351	55,450	2,323	1,190	
1,309	651	651	48,451	48,550	1,771	914	914	55,451	55,550	2,331	1,194	
1,315	653	653	48,551	48,650	1,779	918	918	55,551	55,650	2,339	1,198	
1,321	655	655	48,651	48,750	1,787	922	922	55,651	55,750	2,347	1,202	
1,327	657	657	48,751	48,850	1,795	926	926	55,751	55,850	2,355	1,206	
1,333	659	659	48,851	48,950	1,803	930	930	55,851	55,950	2,363	1,210	
1,339	661	661	48,951	49,050	1,811	934	934	55,951	56,050	2,371	1,214	
1,345	663	663	49,051	49,150	1,819	938	938	56,051	56,150	2,379	1,218	
1,351	665	665	49,151	49,250	1,827	942	942	56,151	56,250	2,387	1,222	
1,357	667	667	49,251	49,350	1,835	946	946	56,251	56,350	2,395	1,226	
1,363	669	669	49,351	49,450	1,843	950	950	56,351	56,450	2,403	1,230	
1,369	671	671	49,451	49,550	1,851	954	954	56,451	56,550	2,411	1,234	
1,375	673	673	49,551	49,650	1,859	958	958	56,551	56,650	2,419	1,238	
1,381	675	675	49,651	49,750	1,867	962	962	56,651	56,750	2,427	1,242	
1,387	677	677	49,751	49,850	1,875	966	966	56,751	56,850	2,435	1,246	
1,393	679	679	49,851	49,950	1,883	970	970	56,851	56,950	2,443	1,250	
1,399	681	681	49,951	50,050	1,891	974	974	56,951	57,050	2,451	1,254	
1,405	683	683	50,051	50,150	1,899	978	978	57,051	57,150	2,459	1,258	
1,411	685	685	50,151	50,250	1,907	982	982	57,151	57,250	2,467	1,262	
1,417	687	687	50,251	50,350	1,915	986	986	57,251	57,350	2,475	1,266	
1,423	689	689	50,351	50,450	1,923	990	990	57,351	57,450	2,483	1,270	
1,429	691	691	50,451	50,550	1,931	994	994	57,451	57,550	2,491	1,274	
1,435	693	693	50,551	50,650	1,939	998	998	57,551	57,650	2,499	1,278	
1,441	695	695	50,651	50,750	1,947	1,002	1,002	57,651	57,750	2,507	1,282	
1,447	697	697	50,751	50,850	1,955	1,006	1,006	57,751	57,850	2,515	1,286	
1,453	699	699	50,851	50,950	1,963	1,010	1,010	57,851	57,950	2,523	1,290	
1,459	701	701	50,951	51,050	1,971	1,014	1,014	57,951	58,050	2,531	1,294	
1,465	703	703	51,051	51,150	1,979	1,018	1,018	58,051	58,150	2,539	1,298	
1,471	705	705	51,151	51,250	1,987	1,022	1,022	58,151	58,250	2,547	1,302	
1,477	707	707	51,251	51,350	1,995	1,026	1,026	58,251	58,350	2,555	1,306	
1,483	709	709	51,351	51,450	2,003	1,030	1,030	58,351	58,450	2,563	1,310	
1,489	711	711	51,451	51,550	2,011	1,034	1,034	58,451	58,550	2,571	1,314	
1,495	713	713	51,551	51,650	2,019	1,038	1,038	58,551	58,650	2,579	1,318	
1,501	715	715	51,651	51,750	2,027	1,042	1,042	58,651	58,750	2,587	1,322	
1,507	717	717	51,751	51,850	2,035	1,046	1,046	58,751	58,850	2,595	1,326	
1,513	719	719	51,851	51,950	2,043	1,050	1,050	58,851	58,950	2,603	1,330	
1,519	721	721	51,951	52,050	2,051	1,054	1,054	58,951	59,050	2,611	1,334	
1,525	723	723	52,051	52,150	2,059	1,058	1,058	59,051	59,150	2,619	1,338	
1,531	725	725	52,151	52,250	2,067	1,062	1,062	59,151	59,250	2,627	1,342	
1,537	727	727	52,251	52,350	2,075	1,066	1,066	59,251	59,350	2,635	1,346	
1,543	729	729	52,351	52,450	2,083	1,070	1,070	59,351	59,450	2,643	1,350	
1,549	731	731	52,451	52,550	2,091	1,074	1,074	59,451	59,550	2,651	1,354	
1,555	733	733	52,551	52,650	2,099	1,078	1,078	59,551	59,650	2,659	1,358	
1,561	735	735	52,651	52,750	2,107	1,082	1,082	59,651	59,750	2,667	1,362	
1,567	737	737	52,751	52,850	2,115	1,086	1,086	59,751	59,850	2,675	1,366	
1,573	739	739	52,851	52,950	2,123	1,090	1,090	59,851	59,950	2,683	1,370	
1,579	741	741	52,951	53,050	2,131	1,094	1,094	59,951	60,050	2,691	1,374	
1,585	743	743	53,051	53,150	2,139	1,098	1,098	60,051	60,150	2,699	1,378	
1,591	745	745	53,151	53,250	2,147	1,102	1,102	60,151	60,250	2,707	1,382	
1,597	747	747	53,251	53,350	2,155	1,106	1,106	60,251	60,350	2,715	1,386	
1,603	749	749	53,351	53,450	2,163	1,110	1,110	60,351	60,450	2,723	1,390	
1,609	751	751	53,451	53,550	2,171	1,114	1,114	60,451	60,550	2,731	1,394	
1,615	753	753	53,551	53,650	2,179	1,118	1,118	60,551	60,650	2,739	1,398	
1,621	755	755	53,651	53,750	2,187	1,122	1,122	60,651	60,750	2,747	1,402	1,500
1,627	757	757	53,751	53,850	2,195	1,126	1,126	60,751	60,850	2,755	1,406	1,500
1,633	759	759	53,851	53,950	2,203	1,130	1,130	60,851	60,950	2,763	1,410	1,500
1,639	761	761	53,951	54,050	2,211	1,134	1,134	60,951	61,050	2,771	1,414	1,500
1,645	763	763	54,051	54,150	2,219	1,138	1,138	61,051	61,150	2,779	1,418	1,500
1,651	765	765	54,151	54,250	2,227	1,142	1,142	61,151	61,250	2,787	1,422	1,500
1,657	767	767	54,251	54,350	2,235	1,146	1,146	61,251	61,350	2,795	1,426	1,500
1,663	769	769	54,351	54,450	2,243	1,150	1,150	61,351	61,450	2,803	1,430	1,500

Continued on next page

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

11 Exemption amount: Add line 7 through line 10 11 \$ **124**

Total Taxable Income	12	Total California wages from your federal Form(s) W-2, box 16	12	30,000	.00
	13	Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11	13	25,000	.00
	14	California adjustments - subtractions. Enter the amount from Schedule CA (540NR), Part II, line 23, column B	14	0	.00
	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15	25,000	.00
	16	California adjustments - additions. Enter the amount from Schedule CA (540NR), Part II, line 23, column C	16	33,500	.00
	17	Adjusted gross income from all sources. Combine line 15 and line 16	17	58,500	.00
	18	Enter the larger of: Your California itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction. See instructions	18	4,601	.00
	19	Subtract line 18 from line 17. This is your total taxable income. If less than zero, enter -0-	19	53,899	.00

CA Taxable Income	31	Tax. Check the box if from: <input type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule	31	2,203	.00
	32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3800	32		.00
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 5.	35		.00
	36	CA Tax Rate. Divide line 31 by line 19.	36		.00
	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		.00
	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$203,341, see instructions	39		.00
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-	40		.00
	41	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A	41		.00
	42	Add line 40 and line 41	42		.00

Special Credits	50	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506	50		.00
	51	Credit for joint custody head of household. See instructions	51		.00
	52	Credit for dependent parent. See instructions.	52		.00
	53	Credit for senior head of household. See instructions	53		.00
	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions	54		.00
55	Credit amount. See instructions	55		.00	

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 line 19 through line 21.	Ⓐ 22	
23	Enter amount from federal Form 1040 or 1040-SR, line 11 Ⓐ		
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	Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately \$283,341 Head of household \$385,016 Married/RDP filing jointly or qualifying widow(er) \$486,687 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. \$4,601 Married/RDP filing jointly, head of household, or qualifying widow(er) \$9,202	Ⓐ 30	4,601

Part IV California Taxable Income

1	California AGI. Enter your California AGI from Part II, line 23, column E.	Ⓐ	50,250
2	Enter your deductions from line 30.	Ⓐ 2	4,601
3	Deduction Percentage. Divide Part II, line 23, column E by Part II, line 23, 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-	Ⓐ 3	0.8590
4	California Itemized/Standard Deductions. Multiply line 2 by the percentage on line 3.	Ⓐ 4	3,952
5	California Taxable Income. Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than zero, enter -0-	Ⓐ	46,298

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

11 Exemption amount: Add line 7 through line 10 11 \$ **124**

Total Taxable Income

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

13 Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11 13 **25,000** .00

14 California adjustments - subtractions. Enter the amount from Schedule CA (540NR), Part II, line 23, column B 14 **0** .00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 **25,000** .00

16 California adjustments - additions. Enter the amount from Schedule CA (540NR), Part II, line 23, column C 16 **33,500** .00

17 Adjusted gross income from all sources. Combine line 15 and line 16 17 **58,500** .00

18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction. See instructions 18 **4,601** .00

19 Subtract line 18 from line 17. This is your total taxable income. If less than zero, enter -0- 19 **53,899** .00

CA Taxable Income

31 Tax. Check the box if from: Tax Table Tax Rate Schedule

32 CA adjusted gross income from Schedule CA (540NR), Part IV, line 5. **50,250** .00

35 CA Taxable Income from Schedule CA (540NR), Part IV, line 5. **46,298** .00

36 CA Tax Rate. Divide line 31 by line 19 36 .00

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 .00

39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$203,341, see instructions 39 .00

40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- 40 .00

41 Tax. See instructions. Check the box if from: Schedule G-1 FTB 5870A 41 .00

42 Add line 40 and line 41 42 .00

Special Credits

50 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506 50 .00

51 Credit for joint custody head of household. See instructions 51 .00

52 Credit for dependent parent. See instructions 52 .00

53 Credit for senior head of household. See instructions 53 .00

54 Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions 54 .00

55 Credit amount. See instructions 55 .00

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

11 Exemption amount: Add line 7 through line 10 11 \$ **124**

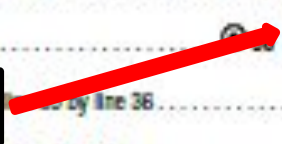
Total Taxable Income

12	Total California wages from your federal Form(s) W-2, box 16	12	30,000	.00
13	Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11	13	25,000	.00
14	California adjustments - subtractions. Enter the amount from Schedule CA (540NR), Part II, line 23, column B	14	0	.00
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15	25,000	.00
16	California adjustments - additions. Enter the amount from Schedule CA (540NR), Part II, line 23, column C	16	33,500	.00
17	Adjusted gross income from all sources. Combine line 15 and line 16	17	58,500	.00
18	Enter the larger of: Your California itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction. See instructions	18	4,601	.00
19	Subtract line 18 from line 17. This is your total taxable income. If less than zero, enter -0-	19	53,899	.00

CA Taxable Income

31	Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule			
	<input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803			
32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 1	32	50,250	.00
35	CA Taxable Income from Schedule CA (540NR), Part IV, line 5	35	46,298	.00
36	CA Tax Rate. Divide line 31 by line 19	36	0.0409	.00
37	CA Tax. Multiply line 35 by line 36	37	2,203	.00
38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000	38		.00
39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$203,341, see instructions	39		.00
40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-	40		.00
41	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A	41		.00
42	Add line 40 and line 41	42		.00

2,203 / 53,899



Special Credits

50	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506	50		.00
51	Credit for joint custody head of household. See instructions	51		.00
52	Credit for dependent parent. See instructions	52		.00
53	Credit for senior head of household. See instructions	53		.00
54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions	54		.00
55	Credit amount. See instructions	55		.00

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

11 Exemption amount: Add line 7 through line 10 11 \$ **124**

Total Taxable Income	12	Total California wages from your federal Form(s) W-2, box 16	12	30,000	.00
	13	Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11	13	25,000	.00
	14	California adjustments - subtractions. Enter the amount from Schedule CA (540NR), Part II, line 23, column B	14	0	.00
	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15	25,000	.00
	16	California adjustments - additions. Enter the amount from Schedule CA (540NR), Part II, line 23, column C	16	33,500	.00
	17	Adjusted gross income from all sources. Combine line 15 and line 16	17	58,500	.00
	18	Enter the larger of: Your California itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction. See instructions	18	4,601	.00
	19	Subtract line 18 from line 17. This is your total taxable income. If less than zero, enter -0-	19	53,899	.00

CA Taxable Income	31	Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule			
	32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 1.	32	50,250	.00
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 5.	35	46,298	.00
	36	CA Tax Rate. Enter the rate from the tax table or rate schedule. 46,298 X 0.0409 <input checked="" type="radio"/> 36 0.0409	36	0.0409	.00
	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	37	1,894	.00
	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000.	38		.00
	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$203,341, see instructions	39		.00
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- ...	40		.00
41	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A	41		.00	
42	Add line 40 and line 41	42		.00	

Special Credits	50	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506	50		.00
	51	Credit for joint custody head of household. See instructions	51		.00
	52	Credit for dependent parent. See instructions.	52		.00
	53	Credit for senior head of household. See instructions	53		.00
	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions	54		.00
55	Credit amount. See instructions	55		.00	

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

124

11 Exemption amount: Add line 7 through line 10		11	124	.00
12 Total California wages from your federal Form(s) W-2, box 16		12	30,000	.00
13 Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11		13	25,000	.00
14 California adjustments - subtractions. Enter the amount from Schedule CA (540NR), Part II, line 23, column B		14	0	.00
15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions		15	25,000	.00
16 California adjustments - additions. Enter the amount from Schedule CA (540NR), Part II, line 23, column C		16	33,500	.00
17 Adjusted gross income from all sources. Combine line 15 and line 16		17	58,500	.00
18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction. See instructions		18	4,601	.00
19 Subtract line 18 from line 17. This is your total taxable income. If less than zero, enter -0-		19	53,899	.00

31 Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule				
32 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1		32	50,250	.00
35 CA Taxable Income from Schedule CA (540NR), Part IV, line 5		35	46,298	.00
36 CA Tax Rate. Divide line 31 by line 19		36	0.0409	.00
37 CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000		37	46,298 / 53,899	.00
38 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$203,341, see instructions		38	0.8590	.00
39 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-		39		.00
40 Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A		40		.00
41 Add line 40 and line 41		41		.00
42 Add line 40 and line 41		42		.00

50 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506		50		.00
51 Credit for joint custody head of household. See instructions		51		.00
52 Credit for dependent parent. See instructions		52		.00
53 Credit for senior head of household. See instructions		53		.00
54 Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions		54	1	.00
55 Credit amount. See instructions		55		.00

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

11 11 **124**

Total Taxable Income	11	Exemption amount: Add line 7 through line 10	11	124	
	12	Total California wages from your federal Form(s) W-2, box 16	12	30,000	.00
	13	Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11	13	25,000	.00
	14	California adjustments - subtractions. Enter the amount from Schedule CA (540NR), Part II, line 23, column B	14	0	.00
	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15	25,000	.00
	16	California adjustments - additions. Enter the amount from Schedule CA (540NR), Part II, line 23, column C	16	33,500	.00
	17	Adjusted gross income from all sources. Combine line 15 and line 16	17	58,500	.00
	18	Enter the larger of: Your California itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction. See instructions	18	4,601	.00
	19	Subtract line 18 from line 17. This is your total taxable income. If less than zero, enter -0-	19	53,899	.00

CA Taxable Income	31	Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule			
		<input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803			
	32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 1	32	50,250	.00
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 5	35	46,298	.00
	36	CA Tax Rate. Divide line 31 by line 19	36	0.0409	
	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	37	1,894	.00
	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000	38	0.8590	
	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$203,341, see instructions	39	107	.00
40	Subtract line 39 from line 37. If less than zero, enter -0-	40		.00	
41	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A	41		.00	
42	Add line 40 and line 41	42		.00	

124 X 0.8590

Special Credits	50	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506	50		.00
	51	Credit for joint custody head of household. See instructions	51		.00
	52	Credit for dependent parent. See instructions	52		.00
	53	Credit for senior head of household. See instructions	53		.00
	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions	54	1	
55	Credit amount. See instructions	55		.00	

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

11 Exemption amount: Add line 7 through line 10 11 \$ **124**

Total Taxable Income

12	Total California wages from your federal Form(s) W-2, box 16	12	30,000	.00
13	Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11	13	25,000	.00
14	California adjustments - subtractions. Enter the amount from Schedule CA (540NR), Part II, line 23, column B	14	0	.00
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15	25,000	.00
16	California adjustments - additions. Enter the amount from Schedule CA (540NR), Part II, line 23, column C	16	33,500	.00
17	Adjusted gross income from all sources. Combine line 15 and line 16	17	58,500	.00
18	Enter the larger of: Your California itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction. See instructions	18	4,601	.00
19	Subtract line 18 from line 17. This is your total taxable income. If less than zero, enter -0-	19	53,899	.00

CA Taxable Income

31	Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule			
	<input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803			
32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 1	32	50,250	.00
35	CA Taxable Income from Schedule CA (540NR), Part IV, line 5	35	46,298	.00
36	CA Tax Rate. Divide line 31 by line 19	36	0.0409	.00
37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	37	1,894	.00
38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1	38	0.8590	.00
39	CA Prorated Exemption. If the amount on line 37 is less than the amount on line 38, enter the amount on line 37. Otherwise, enter the amount on line 38 multiplied by the amount on line 37. 1,894 - 107	39	107	.00
40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-	40	1,787	.00
41	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A	41		.00
42	Add line 40 and line 41	42		.00

Special Credits

50	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506	50		.00
51	Credit for joint custody head of household. See instructions	51		.00
52	Credit for dependent parent. See instructions	52		.00
53	Credit for senior head of household. See instructions	53		.00
54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions	54	1	.00
55	Credit amount. See instructions	55		.00

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

11 Exemption amount: Add line 7 through line 10 11 \$ **124**

Total Taxable Income

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

13 Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11 13 **25,000** .00

14 California adjustments - subtractions. Enter the amount from Schedule CA (540NR), Part II, line 23, column B 14 **0** .00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 **25,000** .00

16 California adjustments - additions. Enter the amount from Schedule CA (540NR), Part II, line 23, column C 16 **33,500** .00

17 Adjusted gross income from all sources. Combine line 15 and line 16 17 **58,500** .00

18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction. See instructions 18 **4,601** .00

19 Subtract line 18 from line 17. This is your total taxable income. If less than zero, enter -0- 19 **53,899** .00

CA Taxable Income

31 Tax. Check the box if from: Tax Table Tax Rate Schedule

32 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. FTB 3800 FTB 3803 32 **50,250** .00

35 CA Taxable Income from Schedule CA (540NR), Part IV, line 5. 35 **46,298** .00

36 CA Tax Rate. Divide line 31 by line 19 36 **0.0409**

37 CA Tax Before Exemption Credits. Multiply line 35 by line 36 37 **1,894** .00

38 CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. 38 **0.8590**

39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$203,341, see instructions 39 **107** .00

40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- ... 40 **1,787** .00

41 Tax. See instructions. Check the box if from: Schedule G-1 FTB 5870A 41 **1,787** .00

42 Add line 40 and line 41 42 **1,787** .00

Special Credits

50 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506 50 **0** .00

51 Credit for joint custody head of household. See instructions 51 **0** .00

52 Credit for dependent parent. See instructions. 52 **0** .00

53 Credit for senior head of household. See instructions 53 **0** .00

54 Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions 54 **1** .00

55 Credit amount. See instructions 55 **0** .00

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

Special Credits continued	58	Enter credit name		code		and amount...	58		.00
	59	Enter credit name		code		and amount...	59		.00
	60	To claim more than two credits. See instructions.					60		.00
	61	Nonrefundable Renter's Credit. See instructions					61	0	.00
	62	Add line 50 and line 55 through 61. These are your total credits					62	0	.00
63	Subtract line 62 from line 43, if less than zero, enter 0.					63	1,787	.00	

Nonresidents are not eligible for the renter's Credit.

Eligible if resident for six months or more and AGI from all sources (Form 540NR line 17) is \$42,932 or less if single or MFS.

Sandy's AGI from line 17 is \$58,500.

Other Taxes	71	A					71		.00
	72	M					72		.00
	73	D					73		.00
	74	E	See instructions				74		.00
	75	A	tax				75		.00

Payments	81	California income tax withheld. See instructions					81		.00
	82	2020 CA estimated tax and other payments. See instructions					82		.00
	83	Withholding (Form 592-B and/or 593). See instructions					83		.00
	84	Excess SDI (or VPDI) withheld. See instructions					84		.00
	85	Earned Income Tax Credit (EITC)					85		.00
	86	Young Child Tax Credit (YCTC). See instructions					86		.00
	87	Net Premium Assistance Subsidy (PAS). See instructions					87		.00
	88	Add line 81 through line 87. These are your total payments. See instructions					88		.00

ISR Penalty	91	Individual Shared Responsibility (ISR) Penalty. See instructions					91		.00
		<input type="checkbox"/> Full-year health care coverage.							

Overpaid Tax/Tax Due	92	Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91, subtract line 91 from line 88.					92		.00
	93	Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88, subtract line 88 from line 91.					93		.00
	101	Overpaid tax. If line 92 is more than line 75, subtract line 75 from line 92.					101		.00
	102	Amount of line 101 you want applied to your 2021 estimated tax					102		.00

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

Special Credits continued

58	Enter credit name	<input type="text"/>	code	<input type="text"/>	and amount...	58	<input type="text"/>	.00	
59	Enter credit name	<input type="text"/>	code	<input type="text"/>	and amount...	59	<input type="text"/>	.00	
60	To claim more than two credits. See instructions.....						60	<input type="text"/>	.00
61	Nonrefundable Renter's Credit. See instructions.....						61	<input type="text" value="0"/>	.00
62	Add line 50 and line 55 through 61. These are your total credits.....						62	<input type="text" value="0"/>	.00
63	Subtract line 62 from line 42. If less than zero, enter -0-.....						63	<input type="text" value="1,787"/>	.00

Other Taxes

71	Alternative Minimum Tax. Attach Schedule P (540NR).....						71	<input type="text"/>	.00
72	Mental Health Services Tax. See instructions.....						72	<input type="text"/>	.00
73	Other taxes and credit recapture. See instructions.....						73	<input type="text"/>	.00
74	Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions.....						74	<input type="text"/>	.00
75	Add line 63, line 71, line 72, line 73, and line 74. This is your total tax.....						75	<input type="text" value="1,787"/>	.00

Payments

81	California income tax withheld. See instructions.....						81	<input type="text"/>	.00
82	2020 CA estimated tax and other payments. See instructions.....						82	<input type="text"/>	.00
83	Withholding (Form 592-B and/or 593). See instructions.....						83	<input type="text"/>	.00
84	Excess SDI (or VPDI) withheld. See instructions.....						84	<input type="text"/>	.00
85	Earned Income Tax Credit (EITC).....						85	<input type="text"/>	.00
86	Young Child Tax Credit (YCTC). See instructions.....						86	<input type="text"/>	.00
87	Net Premium Assistance Subsidy (PAS). See instructions.....						87	<input type="text"/>	.00
88	Add line 81 through line 87. These are your total payments. See instructions.....						88	<input type="text"/>	.00

ISR Penalty

91	Individual Shared Responsibility (ISR) Penalty. See instructions.....						91	<input type="text"/>	.00
	• <input type="checkbox"/> Full-year health care coverage.								

Overpaid Tax/Tax Due

92	Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91, subtract line 91 from line 88.....						92	<input type="text"/>	.00
93	Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88, subtract line 88 from line 91.....						93	<input type="text"/>	.00
101	Overpaid tax. If line 92 is more than line 75, subtract line 75 from line 92.....						101	<input type="text"/>	.00
102	Amount of line 101 you want applied to your 2021 estimated tax.....						102	<input type="text"/>	.00

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

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

2020

Department of the Treasury—Internal Revenue Service

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

Special Credits continued	58	Enter credit name		code		and amount...	58		.00
	59	Enter credit name		code		and amount...	59		.00
	60	To claim more than two credits. See instructions.....					60		.00
	61	Nonrefundable Renter's Credit. See instructions.....					61	0	.00
	62	Add line 50 and line 55 through 61. These are your total credits.....					62	0	.00
	63	Subtract line 62 from line 42. If less than zero, enter -0-.....					63	1,787	.00

Other Taxes	71	Alternative Minimum Tax. Attach Schedule P (540NR).....				71		.00
	72	Mental Health Services Tax. See instructions.....				72		.00
	73	Other taxes and credit recapture. See instructions.....				73		.00
	74	Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions.....				74		.00
	75	Add line 63, line 71, line 72, line 73.....				75	1,787	.00

California Withholding

Payments	81	California income tax withheld. See instructions.....				81	2,446	.00
	82	2020 CA estimated tax and other payments. See instructions.....				82		.00
	83	Withholding (Form 592-B and/or 593). See instructions.....				83		.00
	84	Excess SDI (or VPDI) withheld. See instructions.....				84		.00
	85	Earned Income Tax Credit (EITC).....				85		.00
	86	Young Child Tax Credit (YCTC). See instructions.....				86		.00
	87	Net Premium Assistance Subsidy (PAS). See instructions.....				87		.00
	88	Add line 81 through line 87. These are your total payments. See instructions.....				88	2,446	.00

ISR Penalty	91	Individual Shared Responsibility (ISR) Penalty. See instructions.....				91		.00
		<input type="checkbox"/> Full-year health care coverage.						

Overpaid Tax/Tax Due	92	Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91, subtract line 91 from line 88.....				92		.00
	93	Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88, subtract line 88 from line 91.....				93		.00
	101	Overpaid tax. If line 92 is more than line 75, subtract line 75 from line 92.....				101		.00
	102	Amount of line 101 you want applied to your 2021 estimated tax.....				102		.00

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

Special Credits continued

58	Enter credit name	<input type="text"/>	code	<input type="text"/>	and amount...	58	<input type="text"/>	.00	
59	Enter credit name	<input type="text"/>	code	<input type="text"/>	and amount...	59	<input type="text"/>	.00	
60	To claim more than two credits. See instructions.....						60	<input type="text"/>	.00
61	Nonrefundable Renter's Credit. See instructions.....						61	<input type="text" value="0"/>	.00
62	Add line 50 and line 55 through 61. These are your total credits.....						62	<input type="text" value="0"/>	.00
63	Subtract line 62 from line 42. If less than zero, enter -0-.....						63	<input type="text" value="1,787"/>	.00

Other Taxes

71	Alternative Minimum Tax. Attach Schedule P (540NR).....						71	<input type="text"/>	.00
72	Mental Health Services Tax. See instructions.....						72	<input type="text"/>	.00
73	Other taxes and credit recapture. See instructions.....						73	<input type="text"/>	.00
74	Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions.....						74	<input type="text"/>	.00
75	Add line 63, line 71, line 72, line 73, and line 74. This is your total tax.....						75	<input type="text" value="1,787"/>	.00

Payments

81	California income tax withheld. See instructions.....						81	<input type="text" value="2,446"/>	.00
82	2020 CA estimated tax and other payments. See instructions.....						82	<input type="text"/>	.00
83	Withholding (Form 592-B and/or 593). See instructions.....						83	<input type="text"/>	.00
84	Excess SDI (or VPDI) withheld. See instructions.....						84	<input type="text"/>	.00
85	Earned Income Tax Credit (EITC).....						85	<input type="text"/>	.00
86	Young Child Tax Credit (YCTC). See instructions.....						86	<input type="text"/>	.00
87	Net Premium Assistance Subsidy (PAS). See instructions.....						87	<input type="text"/>	.00
88	Add line 81 through line 87. These are your total payments. See instructions.....						88	<input type="text" value="2,446"/>	.00

ISR Penalty

91	Individual Shared Responsibility (ISR) Penalty. See instructions.....						91	<input type="text"/>	.00
	<input type="checkbox"/> Full-year health care coverage.								

Overpaid Tax/Tax Due

92	Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91, subtract line 91 from line 88.....						92	<input type="text" value="659"/>	.00
93	Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88, subtract line 88 from line 91.....						93	<input type="text"/>	.00
101	Overpaid tax. If line 92 is more than line 75, subtract line 75 from line 92.....						101	<input type="text" value="659"/>	.00
102	Amount of line 101 you want applied to your 2021 estimated tax.....						102	<input type="text"/>	.00

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

103 Overpaid tax available this year. Subtract line 102 from line 101 ● 103 **659** .00
104 Tax due. If line 92 is less than line 75, subtract line 92 from line 75 ⊕ 104 .00

Contributions

	Code	Amount
California Seniors Special Fund. See instructions	● 400	.00
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
California Firefighters' Memorial Voluntary Tax Contribution Fund	● 406	.00
Emergency Food for Families Voluntary Tax Contribution Fund	● 407	.00
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	● 408	.00
California Sea Otter Voluntary Tax Contribution 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
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	● 431	.00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	● 438	.00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	● 439	.00
Rape Kit Backlog Voluntary Tax Contribution Fund	● 440	.00
Schools Not Prisons Voluntary Tax Contribution Fund	● 443	.00
Suicide Prevention Voluntary Tax Contribution Fund	● 444	.00
129 Add code 400 through code 444. This is your total contribution	● 129	0 .00

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

Amount You Owe
121 AMOUNT YOU OWE. Add line 93, line 104, and line 120. See instructions. Do not send cash.
Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94287-0001. ● 121 [] .00
Pay Online - Go to ftb.ca.gov/pay for more information.

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

Refund and Direct Deposit
125 REFUND OR NO AMOUNT DUE. Subtract line 120 from line 103. See instructions.
Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001. ● 125 [**659**] .00

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

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

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

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

IMPORTANT: Attach a copy of your complete federal return.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms 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/ROF's signature (if a joint tax return, both must sign) []

Sign Here

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

Joint tax return? (See instructions)

Ⓢ Your email address. Enter only one email address. [] Ⓢ Preferred phone number []

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 []

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.**
Pay Online – Go to ftb.ca.gov/pay for more information.

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

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

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

Amount You Owe
121 AMOUNT YOU OWE. Add line 93, line 104, and line 120. See instructions. Do not send cash.
Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94287-0001. ● 121 [] .00
Pay Online - Go to ftb.ca.gov/pay for more information.

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

Refund and Direct Deposit
125 REFUND OR NO AMOUNT DUE. Subtract line 120 from line 103. See instructions.
Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001. ● 125 [**659**] .00

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

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

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

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

IMPORTANT: Attach a copy of your complete federal return.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms 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/ROF's signature (if a joint tax return, both must sign) []

Sign Here

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

Joint tax return? (See instructions)

Ⓢ Your email address. Enter only one email address. [] Ⓢ Preferred phone number []

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 []

John Doe
Mary Doe
1234 Main Street
Anytown, CA 99999

1234

⑆5-0000 0000

_____ 19 _____

PAY TO THE
ORDER OF _____

\$

_____ DOLLARS

ANYTOWN BANK
Anytown, CA 99999

Routing
number

Account
number

Do Not Include
The Check Number

For _____

1: (250250025) : (202020) : 1234

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

121 AMOUNT YOU OWE. Add line 93, line 104, and line 120. See instructions. Do not send cash.
Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94287-0001. ● 121 [] .00
Pay Online - Go to ftb.ca.gov/pay for more information.

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

125 REFUND OR NO AMOUNT DUE. Subtract line 120 from line 103. See instructions.
Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001. ● 125 [**659**] .00

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

● Type
● Routing number **250250025** Checking ● Account number **0 4 1 2 0 2 1** ● 126 Direct deposit amount **659** .00
 Savings

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

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

IMPORTANT: Attach a copy of your complete federal return.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms 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/ROP's signature (if a joint tax return, both must sign) []

Sign Here

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

Joint tax return? (See instructions)

Ⓢ Your email address. Enter only one email address. [] Ⓢ Preferred phone number []

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 []

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

Amount You Owe
121 AMOUNT YOU OWE. Add line 93, line 104, and line 120. See instructions. Do not send cash.
Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94287-0001. ● 121 [] .00
Pay Online - Go to ftb.ca.gov/pay for more information.

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

Refund and Direct Deposit
125 REFUND OR NO AMOUNT DUE. Subtract line 120 from line 103. See instructions.
Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001. ● 125 [**659**] .00

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

● Routing number Checking ● Account number ● 126 Direct deposit amount
250250025 **0 4 1 2 0 2 1** [**659**] .00
 Savings

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

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

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

Your signature: **Sandy Eggo** Date: **04/15/2021** Spouse's/RDP's signature (if a joint tax return, both must sign): []

Ⓢ Your email address. Enter only one email address. **Sandy.Eggo@gmail.com** Ⓢ Preferred phone number **(987) 654-3210**

Sign Here
Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)
[]

It is unlawful to forge a spouse's/RDP's signature.
Firm's name (or yours, if self-employed) [] ● PTIN []

Joint tax return? (See instructions) [] 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 []

FOR ADDITIONAL HELP

Toll free
phone number
1-800-852-5711

Internet
ftb.ca.gov

[https://www.ftb.ca.gov/help/
contact/chat.html](https://www.ftb.ca.gov/help/contact/chat.html)

