540NR

Nonresident Part-Year Resident Step by Step Example

FTB (\$7 192

STATE OF CALIFORNIA Franchise Tax Board

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

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

\$50,000

Wages earned in Pandora before 7/1/ 2020 \$8,000 Interest Income \$500





-	Ch	heck here if this is an A	MENDED return.	Fisca	l year filers only: Ent	ter month of	year end	: month	year 202	21.
four	first n	SANDY	Initial Last name	EGG	0	Suffix	Your SSN	s-4 5 -6 7 8	9	,
joi	t tax i	return, spouse's/RDP's first n	ame Initial Last name	,		Suffix	Spouse's	RDP's SSN or ITIN		R
ddi	ional	information (see instructions))					PBA code		
itree	t add	ress (number and street) or F	PO box			Apt. no/ste.	no.	PMB/private mailbo		RF
áty	lf you	have a foreign address, see	instructions)			State	ZIP code			
_		untry name		Family amin	ce/state/county			Foreign postal code		
Dife	giroo	unity name			costato county			Pureign postar code		
Birth		Your DOB (mm/dd/yyyy)		Spouse's/RDP's	DOB (mm/dd	(yyyy)			
Name		Your prior name (see in	structions)		Spouse's/RDP's p	prior name (s	ee instructi	ions)		
Nar	•				•					
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NUMBER OF STREET		Section 1			
Statu	2		ng jointly. See inst. t ng separately. Enter sp	See ins	ing widow(er). Enter y tructions.		DP died.]	
Stat	-		ng separately. Enter sp	See inst touse's/RDP's SSN	tructions.	l name here (DP died.]	
Stat	6 For	Married/RDP film If someone can claim ye r line 7, line 8, line 9, and 1 Personal: If you checke checked box 2 or 5, ente Blind: If you (or your sp if both are visually impa Senior: If you (or your s	ng separately. Enter sp ou (or your spouse/RD line 10: Multiply the nu d box 1, 3, or 4 above er 2. If you checked th pouse/RDP) are visuall ired, enter 2	See inst ouse's/RDP's SSN OP) as a dependen onber you enter in , enter 1 in the box e box on line 6, se y impaired, enter	tructions. I or ITIN above and ful It, check the box here. the box by the pre-print x. If you are instructions. () 7 1; 	I name here See inst ted dollar am X \$124	● 6 ount for the 4 = ● \$ [4 = ● \$ [at line.	dollars on	ly
	6 Foi 7 8	Married/RDP film If someone can claim yo r line 7, line 8, line 9, and Personal: If you checke checked box 2 or 5, ente Blind: If you (or your sp if both are visually impa Senior: If you (or your s if both are 65 or older, e	ng separately. Enter sp ou (or your spouse/RD line 10: Multiply the nu d box 1, 3, or 4 above er 2. If you checked th pouse/RDP) are visuall ired, enter 2 spouse/RDP) are 65 or inter 2	See inst ouse's/RDP's SSN OP) as a dependen imber you enter in , enter 1 in the box e box on line 6, se y impaired, enter r older, enter 1;	tructions. I or ITIN above and ful It, check the box here. the box by the pre-print X. If you are instructions. (1) 7 1; .(1) 8 9	I name here See inst ted dollar am X \$124	● 6 ount for the 4 = ● \$ [at line. Whole	dollars on	ly
	6 Foi 7 8 9	Married/RDP film If someone can claim ye r line 7, line 8, line 9, and 1 Personal: If you checke checked box 2 or 5, ente Blind: If you (or your sp if both are visually impa Senior: If you (or your s if both are 65 or older, e	ng separately. Enter sp ou (or your spouse/RD line 10: Multiply the nu d box 1, 3, or 4 above er 2. If you checked th pouse/RDP) are visuall ired, enter 2 spouse/RDP) are 65 or inter 2	See inst ouse's/RDP's SSN OP) as a dependen imber you enter in , enter 1 in the box e box on line 6, se y impaired, enter r older, enter 1;	tructions. I or ITIN above and ful It, check the box here. the box by the pre-print X. If you are instructions. (1) 7 1; .(1) 8 9	I name here	● 6 ount for the 4 = ● \$ [4 = ● \$ [4 = ● \$ [at line. Whole	dollars on	
	6 Foi 7 8 9	Married/RDP film If someone can claim your r line 7, line 8, line 9, and 1 Personal: If you checke checked box 2 or 5, ente Blind: If you (or your sp if both are visually impa Senior: If you (or your sp if both are 65 or older, enter Dependents: Do not period	ng separately. Enter sp ou (or your spouse/RD line 10: Multiply the nu d box 1, 3, or 4 above er 2. If you checked th pouse/RDP) are visuall ired, enter 2 spouse/RDP) are 65 or inter 2	See inst ouse's/RDP's SSN OP) as a dependen imber you enter in , enter 1 in the box e box on line 6, se y impaired, enter r older, enter 1; spouse/RDP. Depe	tructions. I or ITIN above and ful It, check the box here. the box by the pre-print X. If you are instructions. (1) 7 1; .(1) 8 9	I name here	● 6 ount for the 4 = ● S [4 = ● S [4 = ● S [Depende	at line. Whole	dollars on	
Statt	6 Foi 7 8 9	Married/RDP film If someone can claim yu r line 7, line 8, line 9, and 1 Personal: If you checke checked box 2 or 5, ente Blind: If you (or your sp if both are visually impa Senior: If you (or your sp if both are 65 or older, e Dependents: Do not inc Depend First Name	ng separately. Enter sp ou (or your spouse/RD line 10: Multiply the nu d box 1, 3, or 4 above er 2. If you checked th pouse/RDP) are visuall ired, enter 2 spouse/RDP) are 65 or inter 2	See inst ouse's/RDP's SSN OP) as a dependen imber you enter in , enter 1 in the box e box on line 6, se y impaired, enter 1; spouse/RDP. Depe	tructions. I or ITIN above and ful It, check the box here. the box by the pre-print X. If you are instructions. (1) 7 1; .(1) 8 9	I name here	● 6 ount for the 4 = ● \$ [4 = ● \$ [4 = ● \$ [Depende	at line. Whole	dollars on	

-....

-

	Cł	neck here if	this is an AM	MENDED	return.		Fiscal	year filers	only: Ent	er mont	h of y	ear end	d: month_		_ yea	2021
	first n t tax i	SANC return, spouse's		Initial me Initial	Last name	E	GGC			Suffix Suffix		123	N or 171N 3-4 5 - s/RDP's SSI	0.000.000	9	
\ddi	ional	information (se	e instructions)										PBA cod			4
																B
itree	t add	1122	OCE/		RIVE					Apt. no	Vste. no	a.	PMB/priv	ate mailbo	DK	ľ
äty	lf you	san	address, see i DIEG(ZIP code		108		_
ore	gn co	untry name				Foreig	gn province	e/state/coun	ty		-	-	Foreign po	stal code	_1	
5		Vour DOP (mm/dd/yyyy)					Spoule	a's/RDP's	DOD (mm	/dd/a	(vnev)				
Birth		Tour DOD (mir dwyyyy)					•	andra 1			1337				
Name		Your prior r	ame (see ins	tructions)			-	Spous	ə's/RDP's p	prior nam	e (see	instruc	tions)			
N	•	<u>,</u>						•								
Status	1	Sing	ornia filing st le ied/RDP filin		4		Head of i	status, che nousehold ng widow(e	(with quali	ifying per			ructions.		-	
Status	1 2 3	Sing Marr	le	g jointly. Se	4 einst. 5		Head of i Qualifyin See instr	nousehold Ig widow(e ructions.	(with qual r). Enter y	ifying per ear spou	se/RDI		 rructions.			
Status	1 2 3 6	Sing Mari	le ied/RDP filin	g jointly. Se g separatek	4 e inst. 5 y. Enter spo	o <mark>u</mark> se's/RD	Head of i Qualifyin See instr P's SSN	nousehold og widow(e nuctions.	(with qual r). Enter y ove and ful	ifying per ear spou: I name he	se/RDI					
Status	6 For	Sing Marr Marr If someone r line 7, line 8	le ied/RDP filin ied/RDP filin can claim yo , line 9, and li	g jointly. Se g separately u (or your s ne 10: Mult	4 e inst. 5 y. Enter spo spouse/RD iply the nu	e Duse's/RD P) as a de mber you	Head of Qualifyin See instr P's SSN ependent, enter in ti	nousehold g widow(e nuctions. or ITIN abo , check the he box by 1	(with qual r). Enter y ove and ful box here.	ifying per ear spou: I name hi See inst .	se/RDI	P died.		Whole	dolla	rs onl
Status	6 For	Sing Marr Marr If someone r line 7, line 8 Personal: If checked box Blind: If you	le ied/RDP filin ied/RDP filin can claim yo , line 9, and li you checked c 2 or 5, enter i (or your spo	g jointly. Se g separately u (or your s ne 10: Mult box 1, 3, o r 2. If you c ouse/RDP) :	4 e inst. 5 y. Enter spo spouse/RD iply the num or 4 above, hecked the are visually	P) as a de mber you enter 1 in a box on li y impaired	Head of Qualifyin See instr P's SSN ependent, enter in th n the box. ine 6, see d, enter 1;	nousehold g widow(e nuctions. or ITIN abo , check the he box by t . If you e instructio	(with qual r). Enter y ove and ful box here. he pre-prin ns. () 7	ifying per ear spous I name he See inst . ited dolla	se/RDI	P died.		Whole) e dolla	rs onl
Status	6 Foi 7	Sing Marr Marr If someone r line 7, line 8 Personal: If checked bo: Blind: If you if both are v Senior: If yo	le ied/RDP filin ied/RDP filin can claim yo line 9, and li you checked c 2 or 5, enter i (or your spo isually impain ou (or your sp	g jointly. Se g separately u (or your s ne 10: Mult box 1, 3, o r 2. If you c ouse/RDP) : red, enter 2 bouse/RDP)	4 e inst. 5 y. Enter spo spouse/RD iply the num or 4 above, hecked the are visually) are 65 or	P) as a de mber you enter 1 in a box on li y impaired older, ent	Head of a Qualifyin See instr PP's SSN ependent, enter in th n the box. ine 6, see d, enter 1;	nousehold g widow(e nuctions. or ITIN abo , check the he box by t . If you e instructio	(with qual r). Enter y ove and ful box here. he pre-prin ns. () 7 () 8	ifying per ear spou: I name hi See inst . ited dollai	se/RDI are	P died.		Whole) e dolla	rs onl
	6 Foi 7 8	Sing Marr Marr If someone r line 7, line 8 Personal: If checked box Blind: If you if both are v Senior: If you if both are fi	le ied/RDP filin can claim you , line 9, and li you checked c 2 or 5, enter isually impair ou (or your spo isually impair ou (or your spo	g jointly. Se g separately u (or your s ne 10: Mult box 1, 3, o r 2. If you c ouse/RDP) : red, enter 2 pouse/RDP, iter 2	4 e inst. 5 y. Enter spo spouse/RD iply the num r 4 above, hecked the are visually) are 65 or	P) as a de mber you enter 1 in a box on li y impaired older, ent	Head of Qualifyin See instr P's SSN ependent, enter in th h the box. ine 6, see d, enter 1; ter 1;	nousehold g widow(e nuctions. or ITIN abo , check the he box by t . If you e instructio	(with qual r). Enter y ove and ful box here. he pre-prin ns. () 7	ifying per ear spou: I name hi See inst . ited dollai	se/RDI are	P died.	i ine.	Whole) e dolla	rs onl
	6 Foi 7 8 9	Sing Marr Marr If someone r line 7, line 8 Personal: If checked box Blind: If you if both are v Senior: If you if both are fi	le ied/RDP filin ied/RDP filin can claim yo line 9, and li you checked c 2 or 5, enter i (or your spo isually impain ou (or your sp	g jointly. Se g separately u (or your s ne 10: Mult box 1, 3, o r 2. If you c ouse/RDP) : red, enter 2 pouse/RDP, iter 2	4 e inst. 5 y. Enter spo spouse/RD iply the num r 4 above, hecked the are visually) are 65 or	P) as a de mber you enter 1 in box on li y impaired older, ent	Head of Qualifyin See instr P's SSN ependent, enter in th h the box. ine 6, see d, enter 1; ter 1;	nousehold g widow(e nuctions. or ITIN abo , check the he box by t . If you e instructio ;	(with qual r). Enter y ove and ful box here. he pre-prin ns. () 7 () 8	ifying per ear spou: I name hi See inst . ited dollai	se/RDI are	P died. P died. P died. 6 Unt for the = ③ S = ④ S Depend	i ine.	Whole	dolla	rs onl
	6 Foi 7 8 9	Sing Marr Marr If someone r line 7, line 8 Personal: If checked box Blind: If you if both are v Senior: If yo if both are 6 Dependents First Name Last Name	ied/RDP filing ied/RDP filing can claim you , line 9, and li you checked (2 or 5, enter (or your spo isually impain ou (or your sp 5 or older, en :: Do not incl Depende	g jointly. Se g separately u (or your s ne 10: Mult box 1, 3, o r 2. If you c ouse/RDP) : red, enter 2 pouse/RDP, iter 2	4 e inst. 5 y. Enter spo spouse/RD iply the num r 4 above, hecked the are visually) are 65 or	P) as a dember you enter 1 in box on li y impaired older, ent	Head of Qualifyin See instr P's SSN ependent, enter in th h the box. ine 6, see d, enter 1; ter 1; DP. Depen	nousehold g widow(e nuctions. or ITIN abo , check the he box by t . If you e instructio ;	(with qual r). Enter y ove and ful box here. he pre-prin ns. () 7 () 8	ifying per ear spou: I name hi See inst . ited dollai	se/RDI	P died. P died. P died. S S Depend Depend	i ine.	Whole) dolla	rs onl
Status	6 Foi 7 8 9	Sing Marr Marr If someone r line 7, line 8 Personal: H checked box Blind: If you if both are v Senior: If you if both are 6 Dependents First Name	ied/RDP filing ied/RDP filing can claim you line 9, and li you checked c 2 or 5, enter u (or your spo isually impair ou (or your sp 5 or older, en :: Do not incl Depende	g jointly. Se g separately u (or your s ne 10: Mult box 1, 3, o r 2. If you c ouse/RDP) : red, enter 2 pouse/RDP, iter 2	4 e inst. 5 y. Enter spo spouse/RD iply the num r 4 above, hecked the are visually) are 65 or	P) as a dember you enter 1 in box on li y impaired older, ent	Head of a Qualifyin See instr P's SSN ependent, enter in th h the box. ine 6, see d, enter 1; DP. Depen	nousehold g widow(e nuctions. or ITIN abo , check the he box by t . If you e instructio ;	(with qual r). Enter y ove and ful box here. he pre-prin ns. () 7 () 8	ifying per ear spou: I name hi See inst . ited dollai	sa/RDI	P died. P died. P died. S S Depend Depend	i ine.	Whole	e dolla	rs onl

	Cł	neck here if	this is an AM	MENDED	eturn.		Fiscal	year filers	only: Ent	er mont	h of y	ear end	d: month_	L.,,	_ yea	r 202
	first n t tax	SAND	Y s/RDP's first na		Last name	E	GGC			Suffix Suffix		123	N or ITIN 3-4 5 · s/RDP's SS		3 9	
ddit	ional	information (se	e instructions)										PBA cod	le		4
		,	,													
tree	t add		oceA		RIVE					Apt. no	/ste.no). 	PMB/priv	vate mailbo	201	F
ity (lf you		address, see in DIEGO									ZIP oode		2108	3	
orei	gn co	untry name				Forei	gn provino	e/state/coun	ty		-		Foreign po	ostal code	_!	
Birth		1	mm/dd/yyyy)					Spous	e's/RDP's I	DOB (mm	/dd/y	yyy)				
			2/198				2	•		1						
Name		Your prior r	name (see ins	tructions)			1	Spous	e's/RDP's p	prior nam	e (see	instruct	tions)	- 1		
z	•						- 2	•						3		
Status	1	Sing	fornia filing st (le ried/RDP filinç		4	your fede	Head of	status, che nousehold ng widow(e	(with quali	ifying per			 tructions.]		
Status	1 2 3	Sing Marr	le	g jointly. Se	4 e inst. 5		Head of Qualifyin See instr	nousehold ng widow(e ructions.	(with qual r). Enter y	ifying per ear spous	se/RDI		 tructions.]		
Status		Sing Mari	ile ried/RDP filing ried/RDP filing	g jointly. Se g separately	4 e inst. 5 v. Enter spo	ouse's/RD	Head of Qualifyin See instr)P's SSN	nousehold ng widow(e ructions. or ITIN ab	(with qual r). Enter y ove and ful	ifying per ear spous I name he	se/RDI	P died.]		
Status	6	Sing Mari Mari	ile ried/RDP filing ried/RDP filing can claim you	g jointly. Se g separately u (or your s	4 e inst. 5 v. Enter spo spouse/RD	puse's/RD	Head of Qualifyin See instr OP's SSN ependent,	nousehold ng widow(e ructions. or ITIN ab , check the	(with qual r). Enter y ove and ful box here.	ifying per ear spous I name he See inst .	se/RDI	P died. ● 6]		
Status	6 Fo	Sing Marr Marr If someone r line 7, line 8 Personal: H	ried/RDP filing ried/RDP filing can claim you I, line 9, and lin f you checked	g jointly. Se g separately u (or your s ne 10: Multi I box 1, 3, o	4 e inst. 5 v. Enter spo pouse/RD ply the nur r 4 above,	P) as a de mber you enter 1 ir	Head of Qualifyin See instr OP's SSN ependent, enter in ti n the box.	nousehold ng widow (e ructions. [or ITIN ab , check the the box by f . If you	(with qual r). Enter y ove and ful box here. the pre-prin	ifying per ear spous I name he See inst . ted dollar	se/RDI	P died.) Whole	e dolla	rs on
Status	6 Fo	Sing Marr Marr If someone r line 7, line 8 Personal: If checked box	ried/RDP filing ried/RDP filing can claim you l, line 9, and lin f you checked x 2 or 5, enter	g jointly. Se g separately u (or your s ne 10: Multi l box 1, 3, o r 2. If you c	4 e inst. 5 v. Enter spo pouse/RD ply the nur r 4 above, hecked the	P) as a da mber you enter 1 ir a box on 1	Head of Qualifyin See instr OP's SSN ependent, enter in th n the box. ine 6, see	nousehold ng widow (e nuctions. [or ITIN ab , check the he box by f . If you e instructio	(with qual r). Enter y ove and ful box here. the pre-prin	ifying per ear spous I name he See inst . ted dollar	se/RDI	P died. ● 6) Whole	e dolla	rs on
Status	6 Fo 7 8	Sing Mari Mari If someone r line 7, line 8 Personal: If checked box Blind: If you if both are v	ile ried/RDP filing ried/RDP filing can claim you l, line 9, and lin f you checked x 2 or 5, enter u (or your spo risually impair	g jointly. Se g separately u (or your s ne 10: Multi l box 1, 3, o r 2. If you c buse/RDP) : red, enter 2	4 e inst. 5 v. Enter spo pouse/RD ply the nur r 4 above, hecked the are visually	P) as a de mber you enter 1 ir a box on I y impaired	Head of Qualifyin See instr OP's SSN ependent, enter in ti n the box. line 6, see d, enter 1;	nousehold ng widow (e nuctions. [or ITIN ab , check the he box by f . If you e instructio	(with qual r). Enter y ove and ful box here. the pre-prin	ifying per ear spous I name he See inst . ted dollar	se/RDI	P died.		Whole	e dolla	rs on
	6 Fo 7	Sing Marr Marr If someone r line 7, line 8 Personal: If checked box Blind: If you if both are v Senior: If you if both are fi	ried/RDP filing ried/RDP filing can claim you , line 9, and lin f you checked x 2 or 5, enter u (or your spo risually impair ou (or your sp is or older en	g jointly. Se g separately u (or your s ne 10: Multi l box 1, 3, o r 2. If you c buse/RDP) : red, enter 2 pouse/RDP) iter 2	4 e inst. 5 v. Enter spo pouse/RD ply the nur r 4 above, hecked the are visually are 65 or	P) as a de mber you enter 1 ir a box on 1 y impaired older, ent	Head of Qualifyin See instr OP's SSN ependent, enter in th n the box. ine 6, see d, enter 1; ter 1;	nousehold ng widow (e nuctions. [or ITIN ab , check the he box by f . If you e instructio	(with qual r). Enter y ove and ful box here. the pre-prin ns. () 7	ifying per ear spous I name he See inst . ted dollar	se/RDI	P died.		Whole	e dolla	rs on
	6 Fo 7 8	Sing Marr Marr If someone r line 7, line 8 Personal: If checked box Blind: If you if both are v Senior: If you if both are fi	ile ried/RDP filing can claim you can claim you l, line 9, and lin f you checked x 2 or 5, enter u (or your spo risually impair ou (or your sp	g jointly. Se g separately u (or your s ne 10: Multi l box 1, 3, o r 2. If you c buse/RDP) : red, enter 2 pouse/RDP) iter 2	4 e inst. 5 v. Enter spo pouse/RD ply the nur r 4 above, hecked the are visually are 65 or	P) as a de mber you enter 1 ir a box on 1 y impaired older, ent	Head of Qualifyin See instr OP's SSN ependent, enter in th n the box. ine 6, see d, enter 1; ter 1;	nousehold ng widow (e nuctions. [or ITIN ab , check the he box by f . If you e instructio	(with qual r). Enter y ove and ful box here. the pre-prin ns. () 7 () 8	ifying per ear spous I name he See inst . ited dollar	se/RDI	P died. • 6 unt for th = • \$ = • \$	i ine.	Whole	e dolla	rs on
	6 Fo 7 8 9	Sing Marr Marr If someone r line 7, line 8 Personal: If checked box Blind: If you if both are v Senior: If you if both are fi	ried/RDP filing ried/RDP filing can claim you , line 9, and lin f you checked x 2 or 5, enter u (or your spo risually impair ou (or your sp is or older en	g jointly. Se g separately u (or your s ne 10: Multi l box 1, 3, o r 2. If you c buse/RDP) : red, enter 2 pouse/RDP) iter 2	4 e inst. 5 v. Enter spo pouse/RD ply the nur r 4 above, hecked the are visually are 65 or	P) as a demostration of the second se	Head of Qualifyin See instr OP's SSN ependent, enter in th n the box. ine 6, see d, enter 1; ter 1;	nousehold ng widow (e nuctions. [or ITIN ab , check the he box by f . If you e instructio ;	(with qual r). Enter y ove and ful box here. the pre-prin ns. () 7 () 8	ifying per ear spous I name he See inst . ited dollar	se/RDI	P died. P died. for the for the formation of the format	i ine.	Whole	e dolla	rs on
	6 Fo 7 8 9	Sing Marr Marr If someone r line 7, line 8 Personal: If checked box Blind: If you if both are v Senior: If yo if both are 6 Dependents	ried/RDP filing ried/RDP filing can claim you d, line 9, and lin f you checked x 2 or 5, enter u (or your spo risually impair ou (or your sp 55 or older, en s: Do not inclu Depender	g jointly. Se g separately u (or your s ne 10: Multi l box 1, 3, o r 2. If you c buse/RDP) : red, enter 2 pouse/RDP) iter 2	4 e inst. 5 v. Enter spo pouse/RD ply the nur r 4 above, hecked the are visually are 65 or	P) as a demostrative of the second se	Head of Qualifyin See instr DP's SSN ependent, enter in th n the box. line 6, see d, enter 1; ter 1; DP. Depen	nousehold ng widow (e nuctions. [or ITIN ab , check the he box by f . If you e instructio ;	(with qual r). Enter y ove and ful box here. the pre-prin ns. () 7 () 8	ifying per ear spous I name he See inst . ited dollar	se/RD	P died. P died. Int for the S Depend	i ine.	Whole	e dolla	rs on
Status	6 Fo 7 8 9	Sing Marr Marr If someone r line 7, line 8 Personal: H checked box Blind: If you if both are v Senior: If you if both are 6 Dependents First Name	ried/RDP filing ried/RDP filing can claim you , line 9, and lin f you checked x 2 or 5, enter u (or your spo risually impair ou (or your spo risually impair ou (or your spo s or older, en s: Do not inclu Depender	g jointly. Se g separately u (or your s ne 10: Multi l box 1, 3, o r 2. If you c buse/RDP) : red, enter 2 pouse/RDP) iter 2	4 e inst. 5 v. Enter spo pouse/RD ply the nur r 4 above, hecked the are visually are 65 or	P) as a demostrative of the second se	Head of Qualifyin See instr OP's SSN ependent, enter in ti n the box. line 6, see d, enter 1; ter 1; DP. Deper	nousehold ng widow (e nuctions. [or ITIN ab , check the he box by f . If you e instructio ;	(with qual r). Enter y ove and ful box here. the pre-prin ns. () 7 () 8	ifying per ear spous I name he See inst . ited dollar	se/RDI	P died. P died. Int for the S Depend	i ine.	Whole	e dolla	rs on

	Check	k here if this	is an AMEND	ED return.	Fisca	l year filers only: E	nter month of y	ear end:	month	year 20
		ANDY		itial Last name itial Last name	EGG	0	Suffix Suffix	-	-4 5 -6 7	
eet	address 1	122 0	treet) or PO bax				Apt. no/ste. n	o. ZIP code	PBA code PMB/private mailt	
		AN D	[EGO		Foreign provin	ce/state/county	CA		9210	<u> </u>
Name Birth	• 0	our DOB (mm) 5/2 2/ our prior nam		ns)		•	s DOB (mm/dd/y s prior name (see	ar de ser	ions)	1
	1	Single		4	Head o	f nousehold (with qu	alifying person).	See instr	uctions.	
	1 2 3	Married	RDP filing jointl RDP filing sepa		Qualify See ins	f nousehold (with qu ing widow(er). Enter tructions.	year spouse/RD	Г	uctions.	
	For line 7 Pe ch 8 Bli if 1 9 Se if 1	Married Married someone can e 7, line 8, lin ersonal: If you ecked box 2 (ind: If you (o both are visus enior: If you (both are 65 o	RDP filing sepa claim you (or y e 9, and line 10: u checked box 1 or 5, enter 2. If y r your spouse/R illy impaired, en or your spouse/ r older enter 2.	rately. Enter spou our spouse/RDP Multiply the num , 3, or 4 above, e rou checked the DP) are visually ter 2 	Qualify See ins Use's/RDP's SSM) as a depender ber you enter in inter 1 in the bo box on line 6, so impaired, enter Ider, enter 1;	ing widow(er). Enter tructions.	vear spouse/RD ull name here	P died. [●6 unt for tha =●S [=●S [=●S [at line. Who	ie dollars o
	For lin 7 Pe ch 8 Bli if t 9 Se if t 10 De	Married Married someone can e 7, line 8, lin ersonal: If you ecked box 2 (ind: If you (o both are visus enior: If you (both are 65 o	RDP filing sepa claim you (or y e 9, and line 10: u checked box 1 or 5, enter 2. If y r your spouse/R illy impaired, en or your spouse/ r older enter 2.	rately. Enter spou our spouse/RDP Multiply the num , 3, or 4 above, e ou checked the I DP) are visually ter 2 	Qualify See ins Use's/RDP's SSM) as a depender ber you enter in inter 1 in the bo box on line 6, so impaired, enter Ider, enter 1;	ing widow(er). Enter tructions. I or ITIN above and f t, check the box here the box by the pre-p x. If you se instructions. () 7 1;	vear spouse/RD ull name here	P died. [at line. Who	le dollars o

_	Cł	neck here if	this is an Al	MENDED	eturn.	Fis	scal year file	rs only: En	ter month	of ye	ear end	: month_		year 2	021
our	first n	SAND	V	Initial	Last name	EGO	30		Suffix		Your SSN		670		1 [°]
ioi	nt tex	return, spouse's		me Initial	Last name	LUC	30		Suffix			8-4 5 -0		╝╠╴	-
														ΠL	
ddi	tional	information (se	e instructions)								:	PBA code	0		
												DHO()		4	F
re-	1 400	1122			RIVE				Apt. no/	sie, no.		PMB/priva	te mailoox		
y	(If you	have a foreign	address, see	nstructions)					Stat		IP code				
_		SAN I	DIEG	0					C	A		92	108		-0
n:	ign co	untry name				Foreign pro	ovince/state/co	unty			1	Foreign pos	tal code		_
_							1455				-				_
1110		-	nm/dd/yyyy)				Spor	se's/RDP's	DOB (mm/	dd/yy	yy)				
_			2/198				•	1222		17 12					
Name		Your prior n	ame (see ins	structions)		-	Spor	se's/RDP's	prior name	(see i	instruct	ions)	-		
2	•						•						2		_
Status	1 2	Sing			4	Head	ling status, c d of Rouseho lifying widow instructions.	d (with qual	ifying pers		F	ructions.			
Status	1 2 3	Marr	le ied/RDP filin	g jointly. Se	4 e inst. 5	Head Qual See	d of nouseho lifying widow	d (with qual (er). Enter y	ifying pers ear spous	e/RDP	F	ructions.			
Status	1 2 3	Marr	le ied/RDP filin ied/RDP filin	g jointly. Se g separately	4 e inst. 5 . Enter spous	Head Qual See se's/RDP's S	d of nouseho lifying widow instructions. SSN or ITIN a	d (with qual (er). Enter y bove and ful	ifying pers ear spouse I name her	e/RDP	F				
Status	6	Marr Marr Marr If someone	le ied/RDP filin ied/RDP filin can claim yo	g jointly. Se g separately u (or your s	4 e inst. 5 . Enter spous pouse/RDP)	Head Qual See i se's/RDP's S as a depend	d of nouseho lifying widow instructions. SSN or ITIN a dent, check th	d (with qual (er). Enter y bove and fu te box here.	ifying pers ear spous I name her See inst	e/RDP	≀ died. [. ● 6				
Status	6 Fo	Marr Marr Marr If someone r line 7, line 8 Personal: If	le ied/RDP filin ied/RDP filin can claim yo , line 9, and 1 you checked	g jointly. Se g separately u (or your s ine 10: Multi I box 1, 3, o	4 e inst. 5 . Enter spous pouse/RDP) ply the numb r 4 above, en	Head Qual See i se's/RDP's S as a depend er you enter iter 1 in the	d of nouseho lifying widow instructions. SSN or ITIN a dent, check th r in the box by box. If you	d (with qual (er). Enter y bove and ful te box here. y the pre-prir	ifying pers ear spouse I name her See inst .	e/RDP	died. [Whole d	ollars	on
status	6 Fo 7	Marr Marr Marr If someone r line 7, line 8 Personal: If checked box	le ied/RDP filin ied/RDP filin can claim yo line 9, and 1 you checked c 2 or 5, ente	g jointly. Se g separately u (or your s ine 10: Multi I box 1, 3, o r 2. If you d	4 e inst. 5 Enter spous pouse/RDP) ply the numb r 4 above, en hecked the b	Head Qual See 's/RDP's S as a depend er you enter iter 1 in the ox on line 6,	d of nouseho lifying widow instructions. SSN or ITIN a dent, check th r in the box by box. If you s, see instruct	d (with qual (er). Enter y bove and ful te box here. y the pre-prir	ifying pers ear spouse I name her See inst .	e/RDP	≀ died. [. ● 6		Whole d	ollars	on
CTB1US	6 Fo 7 8	Marr Marr Marr If someone r line 7, line 8 Personal: If checked box Blind: If you if both are v	le ied/RDP filin ied/RDP filin can claim yo line 9, and 1 you checked (2 or 5, ente) (or your sp isually impai	g jointly. Se g separately u (or your s ine 10: Multi 1 box 1, 3, o r 2. If you d ouse/RDP) a red, enter 2	4 e inst. 5 Enter spous pouse/RDP) ply the numb r 4 above, en hecked the b ire visually in	Head Qual See i se's/RDP's S as a depend er you enter ter 1 in the ox on line 6, npaired, ent	d of nouseho lifying widow instructions. SSN or ITIN a dent, check th r in the box by box. If you i, see instruct ter 1;	d (with qual (er). Enter y bove and ful te box here. y the pre-prir	ifying pers ear spouse I name her See inst nted dollar	a/RDP	died. [Whole d	ollars	on
Status	6 Fo 7	Marr Marr Marr If someone r line 7, line 8 Personal: If checked box Blind: If you if both are v Senior: If you if both are 6	ied/RDP filin ied/RDP filin can claim yo line 9, and 1 you checked 2 or 5, ente (or your sp isually impai ou (or your s 5 or older, en	g jointly. Se g separately u (or your s ine 10: Multi I box 1, 3, o r 2. If you c ouse/RDP) a red, enter 2 pouse/RDP)	4 e inst. 5 Enter spous pouse/RDP) ply the numb r 4 above, en hecked the b tre visually in are 65 or old	Head Qual See i Se's/RDP's S as a depend er you enter ter 1 in the ox on line 6, npaired, ent der, enter 1;	d of nouseho lifying widow instructions. SSN or ITIN a dent, check th r in the box by box. If you i, see instruct ter 1;	d (with qual (er). Enter y bove and ful te box here. the pre-prir ions. () 7	ifying pers ear spouse I name her See inst nted dollar X \$	a/RDP amoun 124 =	• died. [. • 6 nt for th . • \$ [. • \$ [Whole d	ollars	on
Status	6 Fo 7 8	Marr Marr Marr If someone r line 7, line 8 Personal: If checked box Blind: If you if both are v Senior: If you if both are 6	ied/RDP filin ied/RDP filin can claim yo line 9, and 1 you checked 2 or 5, ente (or your sp isually impai ou (or your s 5 or older, en	g jointly. Se g separately u (or your s ine 10: Multi I box 1, 3, o r 2. If you c ouse/RDP) a red, enter 2 pouse/RDP) ther 2	4 e inst. 5 Enter spous pouse/RDP) ply the numb r 4 above, en hecked the b tre visually in are 65 or old	Head Qual See i Se's/RDP's S as a depend er you enter ter 1 in the ox on line 6, npaired, ent der, enter 1;	d of nouseho lifying widow instructions. SSN or ITIN a dent, check th r in the box by box. If you i, see instruct ter 1;	d (with qual (er). Enter y bove and ful te box here. y the pre-prir ions. () 7 	ifying pers ear spouse I name her See inst nted dollar X \$	e/RDP amoun 124 = 124 = 124 =	• died. [• • 6 nt for th • ● S [• ● S [• ● S [at line.	Whole d	ollars	on
	6 Fo 7 8 9	Marr Marr Marr If someone r line 7, line 8 Personal: If checked box Blind: If you if both are v Senior: If you if both are 6	ied/RDP filin ied/RDP filin can claim yo line 9, and 1 you checked (2 or 5, ente (or your sp isually impai bu (or your s 5 or older, en Depende	g jointly. Se g separately u (or your s ine 10: Multi I box 1, 3, o r 2. If you c ouse/RDP) a red, enter 2 pouse/RDP) ther 2	4 e inst. 5 . Enter spous pouse/RDP) ply the numb r 4 above, en hecked the b are visually in are 65 or old	Head Qual See se's/RDP's S as a depend er you enter ter 1 in the ox on line 6, npaired, ent der, enter 1; buse/RDP.	d of nouseho lifying widow instructions. SSN or ITIN a dent, check th r in the box by box. If you i, see instruct ter 1;	d (with qual (er). Enter y bove and ful te box here. y the pre-prir ions. () 7 	ifying pers ear spouse I name her See inst nted dollar X \$	amouu 124 = 124 =	• died. [. • 6 nt for th . • \$ [. • \$ [at line.	Whole d	lollars	on
Status	6 Fo 7 8 9	Marr Marr Marr If someone r line 7, line 8 Personal: If checked box Blind: If you if both are 0 Dependents First Name	ied/RDP filin ied/RDP filin can claim you line 9, and 1 you checked (2 or 5, ente (or your sp isually impai bu (or your s 5 or older, en : Do not incl Depende	g jointly. Se g separately u (or your s ine 10: Multi I box 1, 3, o r 2. If you c ouse/RDP) a red, enter 2 pouse/RDP) ther 2	4 e inst. 5 Enter spous pouse/RDP) ply the numb r 4 above, en hecked the b tre visually in are 65 or old	Head Qual See's/RDP's S as a depend er you enter ter 1 in the ox on line 6, npaired, ent der, enter 1; buse/RDP.	d of nouseho lifying widow instructions. SSN or ITIN a dent, check th r in the box by box. If you i, see instruct ter 1;	d (with qual (er). Enter y bove and ful te box here. y the pre-prir ions. () 7 	ifying pers ear spouse I name her See inst nted dollar X \$	a/RDP re amount 124 = 124 = 124 =	• died. [• • 6 nt for th • ● S [• ● S [• ● S [at line.	Whole d	ollars	on
	6 Fo 7 8 9	Marr Marr Marr If someone r line 7, line 8 Personal: If checked box Blind: If you if both are v Senior: If you if both are 6 Dependents First Name Last Name	ied/RDP filin ied/RDP filin can claim yo line 9, and 1 you checked (2 or 5, ente (or your sp isually impai bu (or your s 5 or older, en Depende	g jointly. Se g separately u (or your s ine 10: Multi I box 1, 3, o r 2. If you c ouse/RDP) a red, enter 2 pouse/RDP) ther 2	4 e inst. 5 Enter spous pouse/RDP) ply the numb r 4 above, en hecked the b tre visually in are 65 or old	Head Qual See se's/RDP's S as a depend er you enter ter 1 in the ox on line 6, npaired, ent der, enter 1; buse/RDP.	d of nouseho lifying widow instructions. SSN or ITIN a dent, check th r in the box by box. If you i, see instruct ter 1;	d (with qual (er). Enter y bove and ful te box here. y the pre-prir ions. () 7 	ifying pers ear spouse I name her See inst nted dollar X \$	amouu 124 = 124 =	• died. [• • 6 nt for th • ● S [• ● S [• ● S [at line.	Whole d	ollars	on
Status	6 Fo 7 8 9	Marr Marr Marr If someone r line 7, line 8 Personal: If checked box Blind: If you if both are v Senior: If you if both are 6 Dependents First Name Last Name SSN. See instructions.	ied/RDP filin ied/RDP filin can claim you line 9, and 1 you checked (2 or 5, ente (or your sp isually impai bu (or your s 5 or older, en : Do not incl Depende	g jointly. Se g separately u (or your s ine 10: Multi I box 1, 3, o r 2. If you c ouse/RDP) a red, enter 2 pouse/RDP) ther 2	4 e inst. 5 Enter spous pouse/RDP) ply the numb r 4 above, en hecked the b tre visually in are 65 or old	Head Qual See's/RDP's S as a depend er you enter ter 1 in the ox on line 6, npaired, ent der, enter 1; buse/RDP.	d of nouseho lifying widow instructions. SSN or ITIN a dent, check th r in the box by box. If you i, see instruct ter 1;	d (with qual (er). Enter y bove and ful te box here. y the pre-prir ions. () 7 	ifying pers ear spouse I name her See inst nted dollar X \$	a/RDP re amount 124 = 124 = 124 =	• died. [• • 6 nt for th • ● S [• ● S [• ● S [at line.	Whole d	ollars	on
Status	6 Fo 7 8 9	Marr Marr Marr If someone r line 7, line 8 Personal: If checked box Blind: If you if both are v Senior: If you if both are 6 Dependents First Name Last Name SSN. See	ied/RDP filin ied/RDP filin can claim you line 9, and 1 you checked (2 or 5, ente (or your sp isually impai bu (or your s 5 or older, en : Do not incl Depende	g jointly. Se g separately u (or your s ine 10: Multi I box 1, 3, o r 2. If you c ouse/RDP) a red, enter 2 pouse/RDP) ther 2	4 e inst. 5 Enter spous pouse/RDP) ply the numb r 4 above, en hecked the b tre visually in are 65 or old	Head Qual See's/RDP's S as a depend er you enter ter 1 in the ox on line 6, npaired, ent der, enter 1; buse/RDP.	d of nouseho lifying widow instructions. SSN or ITIN a dent, check th r in the box by box. If you i, see instruct ter 1;	d (with qual (er). Enter y bove and ful te box here. y the pre-prir ions. () 7 	ifying pers ear spouse I name her See inst nted dollar X \$	a/RDP re amount 124 = 124 = 124 =	• died. [• • 6 nt for th • ● S [• ● S [• ● S [at line.	Whole d		00

Next:

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

See Handout Schedule CA (540NR



STATE OF CALIFORNIA Franchise Tax Board



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

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



\$50,000

TAXABLE YEAR

2020

California Adjustments — Nonresidents or Part-Year Residents

SCHEDULE

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	123456789

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

During 2020:

1	My California (CA) Residency (Check one) a Myself: ONonresident OPart-Year Resident OResident b Spouse: ONonresident OPart-Year Resident OResident
	Yourself Spouse/RDP
2	a I was domiciled in (enter two letter code, see instructions)
3	I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) OFC 07 01 2020 O
4	I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move). O
5	I was a CA nonresident the entire year (enter state of residence)
6	The number of days I spent in CA for any purpose was:
7	l owned a home/property In CA (enter Y for Yes, N for No) 💿 📃 🔍
8	Before 2020: I was a CA resident for the period of

Part II Income Adjustment Schedule	A	В	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)
 Wages, salaries, tips, etc. See Instructions before making an entry in col. B or C 1 	۲	•	۲	۲	۲
2 Taxable Interest. a () 2b	õ	Õ	Õ	õ	۲
3 Ordinary dividends. See Instructions. a () 3b	0	•	0	0	0
4 IRA distributions. See Instructions.	•	•		0	0
5 Pensions and annuities. See Instructions. a ()	•	•	•	•	
6 Social security benefits.	0	•			
7 Capital gain or (loss). See Instructions 7	۲	•	۲	•	۲
Section B — Additional Income from federal Schedule 1 (Form 1040)					
1 Taxable refunds, credits, or offsets of state and local income taxes	۲	۲			
2a Alimony received. See Instructions 2a	۲		۲	\odot	0
3 Business income or (loss). See Instructions 3	۲	0	0	\odot	0
4 Other gains or (losses) 4	•	•	0	\odot	0
5 Rental real estate, royaities, partnerships, S corporations, trusts, etc	•	•	0	0	•

F

SCENARIO

<u>Sandy Eggo</u>

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\$8,000Interest Income\$500

TAXABLE YEAR California Adju	stments -	-		. s <u>-</u>	SCHEDULE
2020 Nonresidents			ts	0	A (540NR)
Important: Attach this schedule behind For	m 540NR, Side 5 a	as a supporting Ca	alifornia schedule.		
Name(s) as shown on tax return				SSN or IT	TIN .
SANDY EGGO				123	456789
Part I Residency Information. Complete all lin	es that you a	nd your spouse/RDP	for taxable year 2020		
During 2020:		Second Contraction			
1 My California (CA) Residency (Check one)	0		0	0	0
a Myself: ONonresident O Part-Year F	Resident ()Reside	ant b Spou	se: 🖲 <u>N</u> onresider	it 🔍 Part-Year Re	sident 🕑 🔜 Resider
			Yourself		Spouse/RDP
2 a I was domiciled in (enter two letter code, see I				FC O	
b I was in the military and stationed in (enter tw			● ●FC 07 01	2020	
3 I became a CA resident (enter state of prior resid		- , , , , , , , , , , , , , , , , , , ,	the same same same same i same same	term man and the set	//
4 I became a CA nonresident (enter new state of re 5 I was a CA nonresident the entire year (enter sta			ŏ	/ O	
6 The number of days I spent in CA for any purpos				184 0	
 7 I owned a home/property In CA (enter Y for Yes, 				NÖ	Second Provide State
8 Before 2020: I was a CA resident for the period				- ŏ	
			ŏ / /	ŏ	/
Part II Income Adjustment Schedule	A	в	C	D	E
Section A — Income	Federal Amounts	Subtractions	Additions	Total Amounts	CA Amounts
from federal Form 1040 or 1040-SR	(taxable amounts from your federal tax return)		See Instructions (difference between CA & federal law)	Using CA Law As if You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	(Income earned or received as a CA resident and Income earned or received from CA sources as a nonresident)
 Wages, salaries, tips, etc. See Instructions before making an entry in col. B or C 1 	•	•	•	۲	•
	\odot	\odot	•	\odot	\odot
3 Ordinary dividends. See Instructions.	-	0		0	
	0	0	0	0	0
4 IRA distributions. See instructions.	0	0	۲	۲	0
5 Pensions and annuities. See	U	U	U	U	U
	۲	•	•	•	0
6 Social security benefits.	<u> </u>	S	C C	Č	
	۲	•			
7 Capital gain or (loss). See instructions 7	۲	۲	•	•	۲
Section B — Additional Income from federal Schedule 1 (Form 1040)	<u> </u>	0			10
1 Taxable refunds, credits, or offsets of state and local income taxes	۲	۲			
2a Alimony received. See Instructions 2a	0		0	0	0
3 Business income or (loss). See instructions. 3	ŏ	0	õ	ŏ	ŏ
4 Other gains or (losses)	õ	Õ	0	õ	õ
5 Rental real estate, royalties, partnerships,					
S corporations, trusts, etc 5	\odot	\odot	0	0	\odot

1

Г

TAXABLE YEAR California Adju	stments -	_	55	<u> </u>	SCHEDULE
2020 Nonresidents of	or Part-Yea	ar Residen	2000	- C	A (540NR
nportant: Attach this schedule behind Forn	n 540NR, Side 5 a	as a supporting Ca	lifornia schedule.	10	
ame(s) as shown on tax return				SSN or IT	456789
SANDY EGGO art I Residency Information. Complete all line	that anniv to you a	nd your enouse/RDP	for taxable year 2020		450/09
uring 2020:	is that apply to you a	na Ana shorselinor	TUT taxable year 2020		
My California (CA) Residency (Check one) a Myself: ONonresident OV_Part-Year R	esident • Reside	aht b Spou	se: • Nonresiden	it 🖲 Part-Year Re	sident 🖲 📃 Resid
	•		Yourself		Spouse/RDP
Reported for IRS \$25,00	0		0	FC 💿	
			● ●FC 07 01	2020 8	
California wages \$50,00	0	,	OFC 07 01		//
.		r) of move) .	— ————	<u> </u>	
Pandoran wages <u>\$ 8,00</u>			ĕ	184 0	
Total \$58,00)0		ŏ	NÕ	Contract of
			Õ//	Õ/	
\$58,000 - \$25,000 = \$	533 000		•//	•/	/
, – , , , , , , , , , , , , , , , , , ,	,55,000	В	C	D	E
from federal Form 1040 or 1040-SR	(taxable amounts from your federal tax return)		See Instructions (difference between CA & federal law)	Using CA Law As if You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	(Income earned o received as a CA resident and Incom earned or receive from CA sources as a nonresident
 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C 1 	⊚25,000	۲	⊚33,000	⊚58,000	⊚50,000
	•	0	0	0	0
3 Ordinary dividends. See Instructions. a	0				
a () 3b	•	0	•	•	0
a A 4b		•	۲	۲	۲
5 Pensions and annuities. See	U III		C C	G	C
Instructions. a 🕘 5b	\odot	\odot	0	•	0
6 Social security benefits.				1.50	
a 🖲 60	\odot	•			
	\odot	\odot	•	\odot	0
from federal Schedule 1 (Form 1040)					
1 Taxable refunds, credits, or offsets of state and local income taxes	0	0			
2a Alimony received. See Instructions 2a			0	0	0
3 Business Income or (loss). See Instructions 3	0	۲	0	0	0
4 Other gains or (losses) 4	•	۲	0	0	0
5 Rental real estate, royalties, partnerships,	~				
S corporations, trusts, etc 5	U	۲	۲	۲	0

l

Г

SCENARIO

<u>Sandy Eggo</u>

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

TA	х	A	Β	U	Е	Y	Έ	A	R
_	_	-	_	_	-	_		-	_

2020

California Adjustments — Nonresidents or Part-Year Residents

SCHEDULE

	EA	ON	
CA	34	UN	R)

Important: Attach this schedule behind Form 540NR, Side 5 as a supporting California sche	edule.
Name(s) as shown on tax return	SSN or ITIN
SANDY EGGO	123456789
Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable ye	ar 2020.
During 2020:	
1 My California (CA) Residency (Check one)	
a Myself: ONonresident OPart-Year Resident OResident b Spouse: ONo	onresident O Part-Year Resident O Residen
	/ourself Spouse/RDP
2 a I was domiciled in (enter two letter code, see instructions)	FC
b I was in the military and stationed in (enter two letter code)	
3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) OFC 07	01 2020 💿
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move). 🖲 🔜	_!!
5 I was a CA nonresident the entire year (enter state of residence)	
6 The number of days I spent in CA for any purpose was:	184 💿
7 I owned a home/property In CA (enter Y for Yes, N for No)	N O
8 Before 2020: I was a CA resident for the period of	

Part II Income Adjustment Schedule	A	В	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)
 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C 1 	⊚25,000	•	033,000	⊚58,000	⊚50,000
2 Taxable Interest. a 💿 2b	 O 	0	• 500	• 500	0 250
3 Ordinary dividends. See Instructions. a O	0	0	•	0/	ο /
4 IRA distributions. See Instructions.	•	•			•
5 Pensions and annuities. See	•	0		1	
6 Social security benefits.	•		intangible - axable to your		
7 Capital gain or (loss). See Instructions 7	0	place of r)	•
Section B — Additional Income from federal Schedule 1 (Form 1040)		place of t	esidency	Sandy de	eclares
1 Taxable refunds, credits, or offsets of state and local income taxes	•	۲		resident 184/365	of CA for days or
2a Alimony received. See Instructions 2a	•	2	0	one-half	of the year.
3 Business income or (loss). See Instructions 3	•	0	0	0	
4 Other gains or (losses) 4	۲	0	0	0	0
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc	•	•	۲	•	0

ľ



lannes surano-rascovo	A	B	C	0	E
Section B — Additional Income Continued	Federal Amounts (baable amounts from your federal ba relant)	Subtractions Soo instructions (difference between CA & todered twy)	Additions See instructions (difference between CA & Indensi law)	Total Amounts Using CA Law As If You Warn a CA Resident (subtract col. 11 from col. A add col. C to the result)	CA Amounts (Income earned or excelent and income earned or received from CA sources as a normalizer()
6 Farm Income or (loss) 6	•	•	•	0	•
7 Unemployment compensation	•	•	100	200	
8 Other Income.					
a California lottory winnings	1	°⊙	a		
b Disaster loss deduction from FTB 3806V		▶ ⊙	b		
c Federal NOL (Schedule 1 (Form 1040), line 8)		6	• •		
¢ NOL deduction from FTB 3805V 8	•	€	6	8 🕢	8 💿
e NOL from FTB 3805Z, FTB 3807, or FTB 3809	1	• •	e		8.0 7.0
f Other (describe): 🕥		1 <u>0</u>	1 <u> </u>		
g Student loan discharged due to closure of a for-profit school		9 0			
9 Total. Combine Section A, line 1 through				8 ×	
line 7, and Section B, line 1 through line 8, in each column. Go to Section C	25,000	• 0	33,500	58,500	050,250

Company and the second s	A	В	C	D	E
Section C — Adjustments to income from federal Schedule 1 (Form 1040)	Federal Amounts (baable amounts from your lecteral bas return)	Subtracitions See trainactions (difference between CA & todoral bev)	Additions See instructions (difference between CA & Indensi law)	Total Amounts Using CA Law As If You Ware a CA Resident (subtact col. 5 Intern col. A; add col. C to the result)	CA Amounts (Income earned or tecolved as a CA resident and income earned or received from CA sources as a nonneident)
10 Educator expenses	0	0			
11 Certain business expenses of reservists, performing artists, and tee-basis		5 1		11 - B	
government officials	0	0	\odot	0	0
12 Health savings account deduction 12	0	۲	2613 S		2
13 Moving expenses. Attach federal Form 3905. See instructions	•		0	•	0
	0	0		0	0
	0			0	0
16 Self-employed health insurance deduction. See instructions	0	•		0	•
18a Alimony paid. b Enter recipient's:	•			0	0
SSN ④ Last rame ④ 18a	•	1	•	•	•
19 IRA dadaction	0	(0	0
20 Student loan interest deduction	•		•	•	•
21 Tution and faes	•	0			
22 Add line 10 through line 21 in each column, A through E	•	0	•	Ð	0
23 Tetal. Subtract line 22 from line 9 in each oolumn, A through E. See Instructions					⊙50,250

I

	rt III Adjustments to Federal Itemized Deductions ck 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 Sabtractions Sae instructions	C Additions See Instructions
Mei	dical and Dental Expenses See instructions.				
1	Medical and dental expenses	1			
2	Enter amount from federal Form 1040 or 1040-SR, line 8b	2	2		
3	Multiply line 2 by 7.5% (0.075)	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0.	. 4	•	Ĩ.	0
Tax	es You Paid		SCN .	the state of the s	14
5a	State and local income tax or general sales taxes.	5a	\odot	\odot	
5b	State and local real estate taxes	5b	\odot		
50	State and local personal property taxes	50	0		3.2
5d	Add lines 5a through 5c	5d	•		
58	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A		-3201	· ·	
	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	50	<u>o</u>	0	0
6	Other taxes. List type			۲	۲
-	Add lines 5e and 6	7	۲	۲	۲
Inte	rest You Paid		-		10
8a			<u>o</u>		0
Bb	Home mortgage interest not reported to you on Form 1098				0
Bc	Points not reported to you on Form 1098		the second s		0
Bd	Mortgage insurance premiums.			۲	
Be	Add lines 8a through 8d	8e		۲	0
9	Investment interest	9		۲	۲
10		10	۲	۲	\odot
-	s to Charity				1.0
11			۲	۲	0
12	Other than by cash or check.			۲	0
13	Carryover from prior year			۲	0
14		14	\odot	۲	\odot
	ualty and Theft Losses				T
15	Casualty or theft loss(es) (other than net qualified disaster losses).		-		
	Attach federal Form 4684. See instructions	15	\odot	۲	\odot
Oth	er Itemized Deductions		1094 S		1999-1-
16	Other-from list in federal instructions			\odot	\odot
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	17	\odot	\odot	•

22222	a Employee's social security number			
	123-45-6789	OMB No. 154	45-0008	
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		3 Social security wages	4 Social security tax withheld
Researc	h Institute		5 Medicare wages and tips	6 Medicare tax withheld
La Jolla	, CA 92037		7 Social security tips	8 Allocated tips
d Control number			9 Advance EIC payment	10 Dependent care benefits
e Employee's first name and initia	I Last name	Suff.	11 Nonqualified plans	12a
Sandy E	ggo		13 Statutory Retirement Third-party employee plan sick pay	₫ 12b °
1122 0	cean Drive		14 Other	12c
San Die f Employee's address and ZIP co	go, CA 92108			2000 12d 000 000
15 State Employer's state ID nun CA 123-45-6		17 otate incon 2,4		19 Local income tax 20 Locality name
Form W-2 Wage an Statemen Copy 1—For State, City, or Lo	nt	202	-	f the Treasury—Internal Revenue Service

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

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







Pa	rt III Adjustments to Federal Itemized Deductions is the box If you did NOT Itemize for federal but will itemize for California	A	ederal Amounts rom lederal Schedule A rom 1940 or 1940-SR()	B	Sabtractions See instructions	C See instructions
	lical and Dental Expenses See instructions.					
1	Medical and dental expenses					
2	Enter amount from federal Form 1040 or 1040-SR, line 8b		1			
3	Multiply line 2 by 7.5% (0.075)					
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0	۲		1		
Tax	es You Paid	1000	3			147
5a	State and local income tax or general sales taxes	\odot	2,446	۲		
5b	State and local real estate taxes	\odot				
50	State and local personal property taxes	0				
5d	Add lines 5a through 5c	\odot				
58	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A	-3253				
	Enter the amount from line 5a, column B in line 5e, column B					1020
		\odot		۲		0
6		۲		۲		۲
7	Add lines 5e and 6	\odot	2,446	۲		۲
Inte	rest You Paid	81				
8a	Home mortgage interest and points reported to you on Form 1098					0
8b	Home mortgage interest not reported to you on Form 1098	\odot				
8c	Points not reported to you on Form 1098	0		3		\odot
8d	Mortgage insurance premiums	۲		۲		
Be	Add lines 8a through 8d 8e	0		۲		\odot
9	Investment interest	\odot		۲		\odot
10	Add lines 8e and 9	\odot		۲		\odot
Gift	s to Charity	1000		ACT AR		2423
11	Gifts by cash or check	\odot	75	۲		0
12	Other than by cash or check	\odot	3	۲		0
13	Carryover from prior year	۲		۲		\odot
14	Add lines 11 through 13	\odot	75	۲		۲
Cas	ualty and Theft Losses					
15	Casualty or theft loss(es) (other than net qualified disaster losses).			С		
	Attach federal Form 4684. See instructions	0		۲		0
Oth	er Itemized Deductions					
16	Other-from list in federal instructions	۲		۲		۲
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C		2,521	0		0

Part III Adjustments to Federal Itemized Deductions Check the box If you did NOT Itemize for federal but will itemize for California	ŀ	Federal Amounts from tederal 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	1				
2 Enter amount from federal Form 1040 or 1040-SR, line 8b	2				
3 Multiply line 2 by 7.5% (0.075)	3				
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0.	4 (1		۲
Taxes You Paid	- 55				G.
5a State and local income tax or general sales taxes.	5a (2,446	۲	2,446	
5b State and local real estate taxes	5b (300		
5c State and local personal property taxes	50				
5d Add lines 5a through 5c					
Se Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A			1		
Enter the amount from line 5a, column B in line 5e, column B					10390
Enter the difference from line 5d and line 5e, column A in line 5e, column C	5e 🤅		۲		۲
6 Other taxes. List type O			۲		۲
7 Add lines 5e and 6	7 (2,446	۲	2,446	۲
nterest You Paid	-8				
A Home mortgage interest and points reported to you on Form 1098	8a 🤅				۲
b Home mortgage interest not reported to you on Form 1098	8b (1		•
C Points not reported to you on Form 1098.	8c (3		۲
d Mortgage insurance premiums.	8d (0	۲		
	8e (0	۲		•
Investment interest.	9		۲		•
	10 (۲		۲
lifts to Charity					
1 Gifts by cash or check	11 (75	۲		•
2 Other than by cash or check.	12 (۲		•
3 Carryover from prior year	13 (۲		۲
4 Add lines 11 through 13.			\odot		0
asualty and Theft Losses	-				
5 Casualty or theft loss(es) (other than net qualified disaster losses).					2
Attach federal Form 4684. See instructions	15 0		۲		•
Ither Itemized Deductions	-				
6 Other-from list in federal instructions	16		۲		۲
7 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C			۲	2,446	۲
8 Total. Combine line 17 column A less column B plus column C					75

2.2			
19	Untaimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 If required. See Instructions.		
20	Tax preparation fives.		
21	Other expanses - investment, sale deposit box, etc. List type 🕑 🕲 21		
22	Add line 19 through line 21		
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		
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0	@zs	- j
26	Total Remized Deductions. Add line 18 and line 25.		75
27	Other adjustments. See instructions. Specify ③		
28	Combine line 26 and line 27.		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		
	Head of household		
	Married/RDP filing jointly or qualifying widow(er)		
	No. Transfer the amount on line 28 to line 29.	33 <u>-</u>	
	Yes. Complete the Itemized Deductions Worksheet in the Instructions for Schedule CA (S40NR), line 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	- C (1)	
	Married/RDP filing jointly, head of household, or qualitying widow(er) \$9,202	🔘 30	

Part IV California Tazable Income California ABI. Enter your California ABI from Part II, line 23, column E California ABI. Enter your California ABI from Part II, line 23, column E California Tazable Income. Subtract Inter 4:0000, enter 1.0000. If less than zero, enter -0 California Tazable Income. Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than zaro, enter -0 California Tazable Income. Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than zaro, enter -0-

19	Untraimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 If required. See instructions		
20	Tax preparation tees		
H	Other expanses- investment, safe deposit box, etc. List type 🕥 🕲 21		
2	Add line 19 through line 21		
3	Enter amount from federal Form 1040 or 1040-SR, line 11 🕥		
4	Multiply line 23 by 2% (0.02). If less than zero, enter 0		
5	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.	······@25	
6	Total Remized Deductions. Add line 18 and line 25.		75
7	Other adjustments. See Instructions. Specify. ④		
8	Combine line 25 and line 27.		75
9	Is your federal ABI (Form 540NR, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately		
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (S40NR), line 29		75
0	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 Warried/RDP filing jointly, head of household, or qualitying widow(er). \$9,202	• a	4,601

í	1 California ABL. Enter your California ABI from Part II, line 23, column E	
	2 Enter your deductions from line 30	
	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	
	California Henized/Standard Defections. Multiply line 2 by the percentage on line 3 California Tazable Income, Subtract line 4 from line 1, Transfer this amount to Form 540NR, line 35. If less than	
	zato, entar -0	

t

		A	B	C	D	E
-	ction B — Additional Income Continued	Federal Amounts (taxable amounts from your federal tax return)		Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
6	6 Farm income or (loss) 6	۲	۲	۲	۲	۲
	7 Unemployment compensation	۲	۲			
8	8 Other income.		17 K			ſ
	a California lottery winnings	1 1	(*	a	4	1
	 Disaster loss deduction from FTB 3805V Federal NOL (Schedule 1 (Form 1040 or 	1 1	b <u>o</u>	b	4	1
	C Federal NOL (Schedule 1 (Form 1040 or 1040-SR), line 8)	1 1	c	c 🖲	a I	1
	A STATE STATE AND A STATE OF	•	d 💿	d	8 🖲	8 💿
	e NOL from FTB 3805Z, FTB 3806, FTB 3807,	1	• •			
	or FTB 3809 f Other (describe): •	1	f ()	f 💿	4	1
	f Other (describe):	1 1	1 <u>©</u>		4	1
	g Student loan discharged due to closure of a for-profit school		g <u>o</u>	g		
9	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	⊚25,000	• 0	⊚33,500	⊚58,500	⊚50,250
		1	8	C		F
Sar	ction C — Adjustments to Income	A Federal Amounts	Bubtractions	C Additions	D Total Amounts	CA Amounts
00-	from federal Schedule 1 (Form 1040 or 1040-SR)	(taxable amounts from your federal tax return)	See instructions	See instructions (difference between CA & federal law)	Using CA Law As If You Wore a CA Resident (subtract col. B from col. A; add col. C to the result)	(income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
		۲	۲			
	Certain business expenses of reservists,		ř			2
	performing artists, and fee-basis government officials	۲	۲	۲	۲	•
		-	0	9	C	
	Moving expenses. Attach federal		•			
		•		•	۲	•
14	Deductible part of self-employment tax 14	۲			۲	0
15	Self-employed SEP, SIMPLE, and					
					0	0
		0			0	0
	Penalty on early withdrawal of savings 17 a Alimony paid. b Enter recipient's:	•			•	۲
		1		4	1	1
	SSN ()	۲		0	•	0
19	IRA deduction	۲			۲	\odot
20	Student loan interest deduction	۲		0	۲	•
		۲	۲			
	Add line 10 through line 21 in each column, A through E		0	•	۲	•
	Total, Subtract line 22 from line 9 in each		~		⊚ 58,500	
	column, A through E. See instructions 23		\odot 0			

19	Untraimbursed employee expenses - job travel, union dues, job education, etc.		
	Attach fadaral Form 2106 If required. See Instructions		
20	Tax preparation tees		
M	Other expanses- investment, safe deposit box, etc. List type 🖲 🖲 21		
12	Add line 19 through line 21		
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		
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.	·····@25	
26	Total Remized Deductions. Add line 18 and line 25.		75
27	Other adjustments. See Instructions. Specify:		
28	Combine line 26 and line 27.	@28	75
29	Is your federal ABI (Form 540NR, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately	12	
	Yes. Complete the Itemized Deductions Worksheet in the Instructions for Schedule CA (S40NR), line 29		75
10	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 qualitying widow(er) \$9,202	© 31	4,001
Pa	rt IV California Tazable Income		
	California ABI. Enter your California ABI from Part II, line 23, column E	601	J,250
	Enter your deductions from line 30	001	
	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		
4	California Itemized/Standard Deductions. Multiply line 2 by the percentage on line 3		
0	California Tazable income, Subtract line 4 from line 1. Transfar this amount to Form 540NR, line 35. If less than		

19	Unraimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 If required. See instructions.		
20	Tax preparation fees.		
21	Other expanses - investment, sale deposit box, etc. List type 🕑 🕑 21		
12	Add line 19 through line 21		
13	Entire amount from federal Form 1040 or 1040-SR, line 11 💿		
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0		
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.	··· @ 25	
16	Total Remized Deductions. Add line 18 and line 25.		75
27	Other adjustments. See Instructions. Specify: .		
8	Combine line 26 and line 27.	@28	75
9	Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status?		
	Single or married/RDP filing separately		
	Head of household		
	Married/RDP filing jointly or qualifying widow/or)		
	No. Transfer the amount on line 28 to line 29.	38	
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (S40NR), line 29		75
0	Enter the larger of the amount on line 29 or your standard deduction listed below		
2	Single or married/RDP filing separately. See instructions		
	Married/RDP filing jointly, head of household, or qualitying widow(er)	@ 30	4,601

Dart	IV	California	Tazable	Income.
-		A deline in the	I SHARE NO.	10000

1	California ABI. Enter your California ABI from Part II, line 23, column E
2	Enter your deductions from line 30
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-
4	California Nersized/Standard Deductions. Multiply line 2 by the percentage on line 3
5	California Tasable Income. Subtract line 4 from line 1. Transfer this amount to Form 545NR, Bre 35. If less than 2010, enter -0

T

212

Job	Expenses and Certain Miscellaneous Deductions		
19	Untermbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 If required. See instructions		
20	Tax preparation tees		
21	Other expanses- investment, sale deposit box, etc. List type 🖲 🖲 21		
22	Add line 19 through line 21		
23	Enter amount from federal Form 1040 or 1040-SR, line 11 💿		
24	Multiply line 23 by 2% (0.02). If less that zero, enter 0		
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.	@25	
26	Total Remized Deductions. Add line 18 and line 25.		75
27	Other adjustments. See Instructions. Specify @		
28	Combine line 26 and line 27.	@28	75
	Single or married/RDP filing separately		
	Yes. Complete the Itemized Deductions Worksheet in the Instructions for Schedule CA (S40NR), line 29		75
30	Enter the larger of the amount on line 29 or year standard deduction listed below Single or married/RDP filing separately. See instructions	© 38	4,601
Pa	rt IV California Tazable income	10111	-
2	California ABL. Enter your California ABI from Part II, line 23, column E	<u>601</u> 5	0,250
4	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	<u>8590</u>	3,952
9	cantomis fazzore modifier, contract the 4 mont line 1, francise this amount to norm become, the 35, it was than zero, enter -0-	® 5	
	4,601 x .8590		

- 20

19	Unralmbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 If required. See instructions.		
20	Tax preparation fees		
21	Other expanses- investment, safe deposit box, etc. List type 🖲 🖲 21		
2	Add line 19 through line 21		
3	Enter amount from federal Form 1040 or 1040-SR, line 11 🕤		
4	Multiply line 23 by 2% (0.02). If less than zero, enter 0		
5	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.	®25	
6	Total Remized Deductions. Add line 18 and line 25.		75
7	Other adjustments. See Instructions. Specify ()		
8	Combine line 26 and line 27.		75
9	Is your federal ABI (Form 540NR, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately		
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29		75
0	Enter the larger of the amount on line 29 or your standard deduction listed below Single or married/RDP filing separately. See instructions	@ 31	4,601

2	Enter your deductions from line 30	
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	
	to four paces. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter	2 0 5 2
4	California Itemized/Standard Deductions. Multiply line 2 by the percentage on line 3	3,952
5	LAUROTTIA LALADER INCOME, SUCCEDENTIAL A TION ING 1. LIESSING DES ATTOUNT TO PORT SAUNH. UNA 35, IT 455 TEAC	46,298

t

2.5

	Ch	neck here if th	is is an AME	NDED ret	urn.	Fi	scal year f	ilers only: E	inter mo	nth of y	ear end	: month_		year 2	2021
	first n t tax r	SAND	Y RDP's first name		ist name	EG	GO		Suffix Suffix		123	N or ITIN 3-4 5 - s/RDP's SSN	1.0.00	9	
	_	information (see										PBA code			F
tree	t add		ocean		IVE				Apt	no/ste. n	0.	PMB/priva	ute mailbox		
ty	lf you	SAN C	ddress, see instru DIEGO	uctions)							ZIP code		108	٦L	
rei	gn co	untry name				Foreign pr	rovince/state/	county			100 No	Foreign por	stal code	-1	
Birth		Your DOB (m 0 5/2 2	m/dd/yyyy) /1989				Sp	ouse's/RDP	s DOB (n	nm/dd/y	yyy)				
Name		Your prior na	me (see instruc	tions)			Sp	ouse's/RDP'	s prior na	me (see	e instruct	tions)	1		
Status	1 2	Single	252		4	Hea Qua	ad of nousel alifying wide	check the b nold (with qu w(er). Enter	alifying p			ructions.		1	
Status	1 2 3	Marrie		intly. See i	4 nst. 5	Hea Qua See	ad of nousel alifying wide instruction	nold (with qu m(er). Enter s.	alifying p r year spo	ouse/RD		ructions.]	
Status	6	Marrie Marrie If someone o	od/RDP filing jo od/RDP filing se an claim you (o	intly. See i parately. E r your spo	4 nst. 5 inter spous	Hea Qua See se's/RDP's as a depen	ad of nousel alifying wide instruction SSN or ITIM ident, check	nold (with qu w(er). Enter s. I above and t the box her	alifying p r year spo full name e. See ins	here	P died.]	
Status	6 For	Marrie Marrie If someone c r line 7, line 8, Personal: If y checked box Blind: If you	d/RDP filing jo d/RDP filing se	intly. See i parately. E r your spo 0: Multiph x 1, 3, or 4 If you che v(RDP) are	4 nst. 5 nter spous use/RDP) v the numb 4 above, en cked the bo visually in	Hea Qua See Se's/RDP's as a depen er you ente ter 1 in the ox on line (npaired, en	ad of nousel alifying wide instruction SSN or ITIM dent, check or in the box a box. If you 5, see instru- iter 1;	nold (with qu w(er). Enter s. I above and t the box her by the pre-p	r year spo full name e. See ins rinted dol 7	here t haramoo \$124	P died.		Whole (124		: 00
Status	6 Foi	Marrie Marrie If someone o r line 7, line 8, Personal: If y checked box Blind: If you if both are vis Senior: If you if both are 65	ed/RDP filing jo ed/RDP filing se an claim you (o ine 9, and line 1 rou checked bo 2 or 5, enter 2. (or your spouse ually impaired, i (or your spouse or older, enter	intly. See i parately. E r your spo 0: Multiply x 1, 3, or 4 If you che v/RDP) are enter 2 se/RDP) a 2	4 nst. 5 use/RDP) v the numb 4 above, en cked the be visually in re 65 or old	Hea Qua See Se's/RDP's as a depen er you ente ter 1 in the ox on line (npaired, en der, enter 1	ad of nousel alifying wide instruction SSN or ITIM ident, check or in the box of box. If you S, see instru- ter 1;	nold (with qu (er). Enter s. I above and f the box herr by the pre-p ctions. () 7 	ialifying p r year spo full name e. See ins rinted dol 7 1 x 3 1 x	here t haramoo \$124 \$124	P died. ● 6 unt for tr = ● \$ = ● \$ = ● \$	at line.			: 01
Status	6 For 7 8 9	Marrie Marrie Marrie If someone c r line 7, line 8, Personal: If y checked box Blind: If you if both are vis Senior: If you if both are 65 Dependents:	ed/RDP filing jo ed/RDP filing se an claim you (o ine 9, and line 1 you checked bo 2 or 5, enter 2. (or your spouse ually impaired, i (or your spouse	intly. See i parately. E r your spo 0: Multiply x 1, 3, or 4 If you che v/RDP) are enter 2 se/RDP) a 2	4 nst. 5 use/RDP) v the numb 4 above, en cked the be visually in re 65 or old	Hea Qua See Se's/RDP's as a depen er you ente ter 1 in the ox on line (npaired, en der, enter 1	ad of nousel alifying wide instruction SSN or ITIN ident, check or in the box a box. If you 5, see instru- iter 1;	nold (with qu (er). Enter s. I above and f the box herr by the pre-p ctions. () 7 	ialifying p r year spo full name e. See ins rinted dol 7 1 x 3 1 x	here t haramoo \$124 \$124	P died. P died. of the second secon	at line.			or
▲	6 For 7 8 9	Marrie Marrie Marrie If someone o r line 7, line 8, Personal: If y checked box Blind: If you if both are vis Senior: If you if both are 65 Dependents: First Name	ed/RDP filing jo ed/RDP filing se an claim you (o ine 9, and line 1 rou checked box 2 or 5, enter 2. (or your spouse ually impaired, a (or your spouse or older, enter Do not include Dependent 1	intly. See i parately. E r your spo 0: Multiply x 1, 3, or 4 If you che v/RDP) are enter 2 se/RDP) a 2	4 nst. 5 use/RDP) v the numb 4 above, en cked the be visually in re 65 or old	Hea Qua See se's/RDP's as a depen er you enter ter 1 in the ox on line (npaired, en der, enter 1 buse/RDP.	ad of nousel alifying wide instruction SSN or ITIN ident, check or in the box a box. If you 5, see instru- iter 1;	nold (with qu (er). Enter s. I above and f the box herr by the pre-p ctions. () 7 	ialifying p r year spo full name e. See ins rinted dol 7 1 x 3 1 x	here t lar amo \$124 \$124 \$124	P died. P died. Int for the second	at line.			0

	11	Exemption amount: Add line 7 through line 10	124
<u>)</u>	12	Form(s) W-2, box 16	
	13	Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11	.00
Ê	14	California adjustments - subtractions. Enter the amount from Schedule CA (540NR),	.00
neo	15	Part II, line 23, column B • 14 Subtract line 14 from line 13. If less than zero, enter the result in parentheses.	
ŝ		See Instructions	.00
Tot al Taxable Incom	10	California adjustments - additions. Enter the amount from Schedule CA (540NR), Part II, Ine 23, column C	- 03
đ	17	Adjusted gross income from all sources. Combine line 15 and line 16	.00
	18	Enter the Targer of: Your California Itemized deductions from Schedule CA (540NR),	
	-	Part III, line 30; OR Your California standard deduction. See instructions	-100
	-	enter -0	.00
6. ¹	31	Tax. Check the box if from:	
		• FTB 3800 • FTB 3803 • 31	.00
	32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 1	
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 5	- 00
come	30	CA Tax Rate. Divide line 31 by line 19	
at of the	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	- 00
CATaxable Income	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000	
0	30	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$203,341, see instructions	
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0	-00
	41	Tax. See Instructions. Check the box if from: Schedule G-1 FTB 5870A 41	-00
	42	Add line 40 and line 41	.00
	50		
	51	Attach form FTB 3506 • 50 • 50 • 50 • 50 • 50 • 50 • 50 •	
dits		See Instructions	
ð		Credit for dependent parent. See instructions	
Special Credits	23	Credit for senior head of household.	
ds	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions	
	55	Credit amount. See instructions	.00

55555	a Employee's social security number	OMB No. 154	5-0008				
b Employer identification number (EIN)				1 Wages, tips, other compensation \$30,000 2 Federal income tax with			
c Employer's name, address, and	I ZIP code		3 Sc	cial security wages	4 Social security	tax withheld	
	n Institute	8	5 Ma	adicare wages and tips	6 Medicare tax w	ithheld	
La Jolla,	Ca 92037	3	7 Sc	cial security tips	8 Allocated tips		
d Control number			9		10 Dependent car	e benefits	
• Employee's first name and initia	ıl Last name	Suff.	11 No	onqualified plans	12a		
Sandy Egg	·	200	13 Sta em	Lubry Refirement Third-party obyee plan sick-pay	12b		
1122 Oce San Diego	an Drive , Ca 92108	ŝ	14 Oti	 er	12c 9 12d		
f Employee's address and ZIP co	de				0 d d d d d d d d d d d d d d d d d d d		
15 State Employer's state ID nur	n ber 16 state wages, tips, etc. \$30,000	1. State incom	e tax	18 Localwages, tips, etc.	19 Local income tax	20 Locality name	
Form W-2 Wage an Stateme Copy 1-For State, City, or Lo	nt C	202	20	Department	of the Treasury—Interna	al Revenue Servico	

	44	Exemption amount: Add line 7 through line 10	
	12	Total Galifornia wages from your federal Form(s) W-2, box 16	
	13	Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11	● 13
Ê	14	California adjustments - subtractions. Enter the amount from Schedule CA (540NR),	
Ĩ	15	Part II, line 23, column B Subtract line 14 from line 13. If less than zero, enter the result in parentheses.	• 14
2		See Instructions	15
	15	California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 23, column C	• 10
5	17	Adjusted gross income from all sources. Combine line 15 and line 16. Enter the larger of: Your California Itemized deductions from Schedule CA (540NR),	• 17
	10	Part III, line 30; OR Your California standard deduction. See Instructions	• 18
	19	Subtract line 18 from line 17. This is your total taxable income. If less than zero, enter -0-	
	31	Tax. Check the box if from: Tax Table	
		 FTB 3800 FTB 3803 	• *
	32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 1	
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 5.	• 35
	35	CA Tax Rate. Divide line 31 by line 19	
	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	
CA Inxante Incom	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000	
5	30	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$203,341, see instructions	
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0	⊕ 40
	41	Tax. See instructions. Check the box if from: Schedule G-1 FTB 5870A	• 41
	42	Add line 40 and line 41	• 42
	50	Nometundable Child and Dependent Care Expenses Credit. See Instructions.	
	51	Attach form FTB 3506 Credit for joint ouslody head of household.	• 50
		See Instructions	-00
2	52	Credit for dependent parent. See Instructions	-00
annan innada	53	Credit for senior head of household. See instructions. 53	-00
1	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1,0000. See instructions	
	55	Credit amount. See instructions	• 55



langer of the state of the stat	A	B	C	0	E
Section B — Additional Income Continued	Federal Amounts (baable amounts from your federal ba relant)	Subtractions See instructions (difference between CA & todered twy)	Additions See instructions (difference between CA & Indensi law)	Total Amounts Using CA Law As If You Wan a CA Resident (subtract col. II from col. A: add col. C to the result)	CA Amounts (Income earned or excelent and a CA toxident and income earned or received from CA sources as a normalizer()
6 Farm Income or (loss) 6	•	•	•	0	•
7 Unemployment compensation	0	0	1.0		
8 Other Income.				1	
a California lottery winnings		°⊙	3		
b Disaster loss deduction from FTB 3806V		b ⊙	b		
c Federal NOL (Schedule 1 (Form 1040), line 8)		8	• •		
d NOL deduction from FTB 3805V 8	•	1 🕢	6	8 🕢	8 🕢
NOL from FTB 3805Z, FTB 3807, or FTB 3809	1	• 🖸	e	2	8
f Other (describe): 💽		1 <u>0</u>	1 <u> </u>		
g Student loan discharged due to closure of a for-profit school		9			
9 Total, Combine Section A, line 1 through		3 24	3	8	
Ine 7, and Section B, line 1 through line 8, In each column, Go to Section C	25,000	• O	33,500	58,500	050,250

Summer and a company and a second second	A	B	C	D	E
	Federal Amounts (latable amounts from your ledenal bax return)	Subtractions See Instructions (difference between CA & indexe law)	Additiona See instructiona (difference bahasen CA & Indensi law)	Total Amounts Using CA Law As If You Ware a CA Resident (subtact col. 5 Intern 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 connection)
10 Educator expenses	•	•			
11 Cortain business expenses of reservists, performing artists, and fee-basis government officials	•	0	•	0	0
12 Health savings account deduction 12	•	۲	2433		2
13 Moving expenses. Attach tederal Form 3903. See Instructions			0	•	0
14 Deductible part of self-employment tax. See instructions	•	•		•	0
15 Self-employed SEP, SIMPLE, and qualified plans	•			•	0
	•			0	•
17 Penalty on early withdrawal of savings	•		-	0	•
Last rame 🖸 18a	•		0	•	•
19 IRA deduction	0	1		0	0
20 Student loan Interest deduction	•		•	•	0
	•	0			
22 Add line 10 through line 21 in each column, A through E	9	•	•	•	•
23 Tetal. Subtract line 22 from line 9 in each column, A through E. See Instructions		24	33,500	2.2	2.2

	11	Exemption amount: Add line 7 through line 10	
	12	Total California wages from your federal Form(s) W-2, box 16	
		Contraction and the second second second	25,000
		Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, California adjustments – subtractions. Enter the amount from Schedule CA (540NR),	20,000
5		Part II, line 23, column B	• 14
	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15 .D
	10	California adjustments - additions. Enter the amount from Schedule CA (540NR), Part II,	
		line 23, column C	• 10 .0
2	17	Adjusted gross income from all sources. Combine line 15 and line 16.	• 17 .0
	18	Enfer the Targer of: Your California Itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction. See instructions	• •
	19	Subtract line 18 from line 17. This is your total taxable income. If less than zero,	• 18
_	- li	enter -0-	
		Tax Table Tax Rate Schedule	
	31	Tax. Check the box if from:	
	99	FTB 3800 FTB 3803 CA adjusted gross income from Schedule CA	• 31
	GE.	(540NR), Part IV, line 1	. 00
	-	Of Trankle Income from Schedule Dis (547605) Dect 10 line 5	
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 5.	• 30
5	35	CA Tax Rate. Divide line 31 by line 19	
	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	⊕ 37
CA Inxante Incom		CA Exemption Credit Percentage. Divide line 35 by line 19.	
ł.	38	If more than 1, enter 1.0000	
	30	GA Prorated Exemption Credits. Multiply line 11 by line 38.	a
		If the amount on line 13 is more than \$203,341, see Instructions	<u>م</u> e
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0	.b
	41	Tax, See instructions, Check the box if from: Schedule G-1 FTB 5870A	• 41
	42	Add line 40 and line 41	• 42 .0
	50	Nonretundable Child and Dependent Care Expenses Credit. See instructions.	
		Attach form FTB 3506 Credit for joint ouslody head of household.	•_509
	91	See Instructions	. 00
			ā
	52	Credit for dependent parent. See instructions 52 Credit for senior head of household.	
super inpade	~	See instructions	-00
0	54	Credit percentage. Enter the amount from line 38 here.	
		If more than 1, enter 1.0000. See instructions	
	55	Credit amount. See instructions	• 55

		A	8	C	D	E
Se	ction B — Additional Income Continued	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
	6 Farm income or (loss) 6	0	\odot	۲	•	\odot
	7 Unemployment compensation 7	۲	۲			
;	8 Other income.	1999 - S	88. O	-		
	a California lottery winnings	1	a ()	а		
	b Disaster loss deduction from FTB 3805V		b 💿	b		
	c Federal NOL (Schedule 1 (Form 1040 or			c 🖲		
	1040-SR), line 8) d NOL deduction from FTB 3805V	0	·	. <u> </u>		
	e NOL from FTB 3805Z, FTB 3806, FTB 3807,	◉{	d 💽	d	8 🖲	8 🖲
	or FTB 3809		e 💿	e		
	f Other (describe): O		f	f 💿		
	Children been discharged das to shows					
	g Student loan discharged due to closure of a for-profit school		90	g		
1	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	⊚25,000	• 0	033,500	58.500	050.250
		0-0-0	U I	0.00	0000	000
		4	8	C	0	E
Se	ction C — Adjustments to Income	Federal Amounts	Subtractions	Additions	Total Amounts	CA Amounts
	from federal Schedule 1 (Form 1040 or 1040-SR)	(taxable amounts from your federal tax return)	See instructions (difference between CA & federal law)	See instructions (difference between CA & federal law)	Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	(income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
10	Educator expenses	•	•			
11	Certain business expenses of reservists,	<u> </u>	<u> </u>			
	performing artists, and fee-basis government officials	0	۲	۲	۲	
40		0		<u> </u>	•	0
	Health savings account deduction 12	0	0			
13	Moving expenses. Attach federal Form 3903. See instructions				۲	•
		<u> </u>	· · · · · ·	ř –	Ŭ.	0
	Deductible part of self-employment tax 14 Self-employed SEP, SIMPLE, and	•			•	0
		۲			•	•
16	Self-employed health insurance deduction 16	•			۲	•
17	Penalty on early withdrawal of savings 17	۲			۲	0
	a Alimony paid. b Enter recipient's:	~			×	× ·
	SSN ()				~	~
	Last name 🕘 18a	-		•	0	0
		\odot			۲	0
-	IRA deduction	<u> </u>	1		100	
-	IRA deduction	õ		0	۲	0
20	Student loan interest deduction	0	•	0	•	•
20	Student loan interest deduction	0	5. S			
20 21 22	Student loan interest deduction 20 Tuition and fees 21 Add line 10 through line 21 in each column, A through E 22 Total Subtract line 22 from line 9 in each	0	0	⊙ ⊙ ⊙33,500	•	0

You	ur nar	Tame: SANDY EGGO Your SSN or ITIN: 123456789	
	11	1 Exemption amount: Add line 7 through line 10	124
2	12	2 Total California wages from your lederal Form(s) W-2, box 16	5
	13	3 Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11	25,000
Ê	14	4 California adjustments - subtractions. Enter the amount from Schedule CA (540NR).	
neo	15	Part II, line 23, column B 5 Subtract line 14 from line 13. If less than zero, enter the result in parentheses.	
Pie Pie		See Instructions	2 5,000 .m
Tot al Taxable Incom	18	California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, Ine 23, column C 10	
2	17	7 Adjusted gross income from all sources. Combine line 15 and line 16	- 00
	18	Enter the larger of: Your California Itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction. See instructions	
	19	g Subtract line 18 from line 17. This is your total tazable income. If less than zero,	
	- G	enter -0	.00
		Tax Table Tax Rate Schedule	
	31	1 Tax. Check the box if from:	
	-	FTB 3800 FTB 3803 Statusted gross income from Schedule CA	.00
	32	(D40NR), Part IV, line 1	
		The Tarable Income from Defaultion Date (CARPERS, Dark 11) No. 5	
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 6	- 624
e o	38	CA Tax Rate. Divide line 31 by line 19	22.02
CATaxable Income	37	7 CA Tax Before Exemption Credits. Multiply line 35 by line 36	-00
No.	38	g CA Exemption Credit Percentage. Divide line 35 by line 19.	
TAT	96	If more than 1, enter 1.0000	
~	30	CA Prorated Exemption Credits. Multiply line 11 by line 38.	
		If the amount on line 13 is more than \$203,341, see instructions	
	40	0 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0 40	- 00
		1 Tax. See instructions. Check the box if from: Schedule G-1 FTB 5670A 41	
	41	1 Kax. See Inseladades. Creak the box if Fort. • Scredule G-1 • File Servar, • 41	
	42	2 Add line 40 and line 41	.00
-	50	Nonretundable Child and Dependent Care Expenses Credit. See Instructions.	
	-	Attach form FTB 3506	.00
	51	Credit for joint custody head of household. See instructions	
dib.			
ó		2 Credit for dependent parent. See instructions	
Special Credits	53	3 Credit for senior head of household. See instructions	
Sp	54	4 Gredit percentage. Enter the amount from line 38 here.	
		If more than 1, enter 1.0000. See instructions	200.2
	55	5 Credit amount. See instructions	.00
	1	Side 2 Form 640NR 2020 333 3132203	

		A	8	C	D	E
Sec	tion B — Additional Income Continued	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract 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	•	0	۲	0	0
7	Unemployment compensation	۲	۲			
8	Other income.	98-99 1	58. O	-		
	a California lottery winnings	(a 💿	а		
	 b Disaster loss deduction from FTB 3805V c Federal NOL (Schedule 1 (Form 1040 or 1040-SR), line 8) 		6 🕘	6 🕢		
	d NOL deduction from FTB 3805V 8	•	do	d	8 🖲	8 💿
	e NOL from FTB 3805Z, FTB 3806, FTB 3807,	1				
	or FTB 3809					
	f Other (describe): O		fo	f 🖲 📃		
	g Student loan discharged due to closure of a for-profit school	1	g 🖲	g		
	9 Tetal. Combine Section A, line 1 through line 6, and Section B, line 1 through line 8, in each column. Go to Section C	⊚25,000	O O O O	⊚33,500	⊚58,500	⊚50,250
			8	c	D	F
Sec	tion C — Adjustments to Income from federal Schedule 1 (Form 1040 or 1040-SR)	Foderal 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	•	•			
11	Certain business expenses of reservists, performing artists, and fee-basis government officials	۲	•	۲	۲	•
12	Health savings account deduction	Õ	0	Č	0	<u> </u>
	Moving expenses. Attach federal	<u> </u>				
	Form 3903. See instructions	•		•	•	0
14	Deductible part of self-employment tax 14	0			0	0
	Self-employed SEP, SIMPLE, and	~				~
		0			0	0
16	Self-employed health insurance deduction 16	•			۲	•
		\odot			\odot	\odot
18a	Alimony paid. b Enter recipient's: SSN O Last name O 18a				۲	•
10	IRA deduction	0			0	O
		0		•	0	0
			0		U	0
	Tuition and fees	•	•			
		•	•	۲	•	0
-						

You	ur nai	The SANDY EGGO Your SSN or ITN: 123456789	-3		
	11	Exemption amount: Add line 7 through line 10	€ 11 \$	1	L 24
2	12	Total California wages from your federal Form(s) W-2, box 16	00		53
	13	Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11	13	25,0	00
Ê	14	California adjustments - subtractions. Enter the amount from Schedule CA (540NR),			
neo	-	Part II, line 23, column B Subtract line 14 from line 13. If less than zero, enter the result in parentheses.	14		<u> </u>
10		See Instructions	15	25,0	00
Tot of Taxable Incom	18	California adjustments – additions. Enter the amount from Schedule CA (540NE). Part II line 23, solumn C	10	33,5	00
2	17		17	58,5	00
	18	Pring the Tangene of Many Party and the first darks allow have Parked in Fig. (B. 19 1981)			
	10	Subtract line 18 from line 17. This is your total taxable income. If less than zero,	18		-00
		enter -0	19		.00
87		Tax Table Tax Rate Schedule	1000		202020
	31	Tax. Check the box if from:			
		• FTB 3800 • FTB 3803	31		.00
	32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 1	00		
	35	CA Taxable Income from Schedule CA (540NR), Part IV, Iline 5.	35		- 00
ŝ	30	CA Tax Rate. Divide line 31 by line 19			
Inc	12				
â	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	37		00
CATaxable Incom	38				
3		If more than 1, enter 1.0000			
	35		30		.00
	-				- 00
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0	9 40		
	41	Tax. See Instructions. Check the box if from: Schedule G-1 FTB 5870A	41		- 00
6	42	Add line 40 and line 41	42		.00
	50	Nonretundable Child and Dependent Care Expenses Credit. See instructions.			
		Attach form FTB 3506. Credit for joint custody head of household.	50		.00
8		See Instructions	00		
il be					
2	52	Credit for dependent parent. See instructions • 52	00		
Special Credits	90	See Instructions	00		
S	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions			
	55	Credit amount. See instructions	55		. 00
		Side 2 Form 640NR 2020 333 3132203	100		

19	Untraimbursed employee expenses - job travel, union dues, job education, etc. Attach faderal Form 2106 If required. See instructions		
20	Tax preparation fees		
21	Other expanses- investment, sale deposit box, etc. List type 🕙		
2	Add line 19 through line 21		
13	Enter amount from federal Form 1040 or 1040-SR, line 11 📀		
4	Multiply line 23 by 2% (0.02). If less than zero, enter 0		
5	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0	®z	
6	Total Remized Deductions. Add line 18 and line 25.		75
7	Other adjustments. See Instructions. Specify. @		
8	Combine line 25 and line 27.		75
9	Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately		
	Yes. Complete the Itemized Deductions Worksheet in the Instructions for Schedule CA (540NR), line 29		- 75
0	Enter the larger of the amount on line 29 or your standard deduction listed below Single or married/RDP filing separately. See instructions		1,60

-	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	
	California nanovejstansare bees note. Notepy nie z by sie persenage on nie 2	3,952
5	California Tazable income. Subtract line 4 from line 1. Transfar this amount to Form 540NR. line 35. If less than	
	2810, enter -0	46,298

t

212

T

You	ur nau	me: SANDY EGGO Your SSN or ITIN: 123456789	
	11	Exemption amount: Add line 7 through line 10	: 11 \$ 124
<u>(</u>]	12	Total California wages from your federal Form(s) W-2, box 16	.0
	13	Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11	⊕ 13 25,000 .m
e.		California adjustments - subtractions. Enter the amount from Schedule CA (540NR),	
Tot al Taxable Incom		Part II, line 23, column B Subtract line 14 from line 13. If less than zero, enter the result in parentheses.	• 1400
1 e la	12	Subtract line 14 from line 16, it less than zero, enter the result in parentheses. See instructions	15 25,000
	10	California adjustments - additions. Enter the amount from Schedule CA (540NR), Part II,	• 10 33,500
Ę		line 23, column C	• 16 55,500 .00
2	17	Adjusted gross income from all sources. Combine line 15 and line 16.	• 17 58,500 .m
	18	Enter the Targer of: Your California Hemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction. See Instru-	4,601
	-	Subtract line 18 from line 17. This is your total taxable income. If less than zero,	
27		The Park School of	2019.00 C
	31	Tax. Check the box If from: Tax Table	
		 FTB 3800 FTB 3803 	• 31 .00
	32	CA adjusted gross income from Schedule CA	
		(540NR), Part IV, line 1	·@
	35	CA Taxable Income from Schedule CA (S40NR), Part IV, line 5.	• 35
-	1		
100	35	CA Tax Rate. Olvide line 31 by line 19	
CATaxable Incom	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	.00
ġ.		CA Exemption Credit Percentage. Divide line 35 by line 19.	
AT	38	If more than 1, enter 1.0000	
0	30	CA Prorated Exemption Credits. Multiply line 11 by line 38.	
		If the amount on line 13 is more than \$203,341, see Instructions	.00
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0	● 40
	41	Tax. See Instructions. Check the box if from: Schedule G-1 FTB 5870A	• 41 .03
	42	Add line 40 and line 41	• 42 .00
	50	Nonretundable Child and Dependent Care Expenses Credit. See Instructions.	
	-	Attach form FTB 3506	• 50
	51	Credit for joint ouslody head of household. See instructions • 51	
dib			
ð	52	Credit for dependent parent. See instructions	-00
Special Credits	53	Credit for senior head of household. See instructions.	
3	54	Credit percentage. Enter the amount from line 38 here.	
	2.25	If more than 1, enter 1.0000. See instructions	82
	-	Credit amount. See instructions	• •
	30	LA CUR BINNING OCC RESIDENCES	• •• •
		Side 2 Form 640NR 2020 333 3132203	-
		Side & Fail Ordin 2020 323 3132203	

Page 89 Total Taxable Income \$53,899

2020 California Tax Table - Continued

	status: 1 or 3 (Single; Married/RDP Filing Separately) 2 or 5 (Married/RDP Filing Jointly; Qualifying Widow(er))													
If Your T Income	2 2 2 2 2 2 2 2	Th Fill	ne Tax For ing Status		If Your Tailor	A CONTRACTOR OF CONTRACTOR	The Filin	Tax For g Status		If Your Ta Income		Th Fil	ne Tax For ing Status	
At Least	But Not Over	1 Or 3 Is	2 Or 5 Is	4 Is	At Least	But Not Over	1 Or 3 Is	2 Or 5 Is	4 Is	At Least	But Not Over	1 Or 3 Is	2 Or 5 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	1,15
40,551	40,650	1,255	633	633	47,551	47,650	1,699	878	878	54,551	54,650	2,259	1,158	1,15
40,651	40,750	1,261	635	635	47,651	47,750	1,707	882	882	54,651	54,750	2,267	1,162	1,16
40,751 40,851	40,850 40,950	1,267 1,273	637 639	637 639	47,751 47,851	47,850 47,950	1,715	886 890	886 890	54,751 54,851	54,850 54,950	2,275 2,283	1,166	1,17
40,051	40,950	1,273	641	641	47,951	48,050	1,723	890	894	54,951	55,050	2,203	1,174	1,18
41,051	41,150	1,285	643	643	48,051	48,150	1,739	898	898	55,051	55,150	2,299	1,178	1,18
41,151	41,250	1,291	645	645	48,151	48,250	1,747	902	902	55,151	55,250	2,307	1,182	1,19
41,251	41,350	1,297	647	647	48,251	48,350	1,755	906	906	55,251	55,350	2,315	1,186	1,20
41,351	41,450	1,303	649	649	48,351	48,450	1,763	910	910	55,351	55,450	2,323	1,190	1,20
41,451	41,550	1,309	651	651	48,451	48,550	1,771	914	914	55,451	55,550	2,331	1,194	1,2
41,551	41,650	1,315	653	653	48,551	48,650	1,779	918	918	55,551	55,650	2,339	1,198	1,2
41,651	41,750	1,321	655	655	48,651	48,750	1,787	922	922	55,651	55,750	2,347	1,202	1,2
41,751	41,850	1,327	657	657	48,751	48,850	1,795	926	926	55,751	55,850	2,355	1,206	1,2
41,851 41,951	41,950 42,050	1,333	659 661	659 661	48,851 48,951	48,950 49,050	1,803	930 934	930 934	55,851 55,951	55,950 56,050	2,363 2,371	1,210	1,2
42,051	42,050	1,345	663	663	49,051	49,150	1,819	938	938	56,051	56,150	2,379	1,214	1,2
42,151	42,250	1,351	665	665	49,151	49,250	1,827	942	942	56,151	56,250	2,387	1,222	1.2
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	1,2
42,651	42,750	1,381	682	682	49,651	49,750	1,867	962	962	56,651	56,750	2,427	1,242	1,28
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	1,45
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	1,45
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	1,40
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	1,4
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	1,4
45,951	46,050	1,579	814	814	52,951	53,050	2,123	1,090	1,094	59,951	60,050	2,709	1,374	1,4
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	1,48
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	1,49
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	1.5
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	1,0
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	1,5
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	1,5
46,851	46,950	1,643	850	850	53,851			1,130	1,130	60,851	60,950	2,792	1,410	1,5
46,951	47,050	1,651	854	854	53,951	54,050	0.011	1,134	1,134	60,951	61,050	2,802	1,414	1,54
47,051	47,150	1,659	858	858	54,051	54,150	2,219	1,138	1,138	61,051	61,150	2,802	1,418	1,5
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	1,5
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	1,56
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	1,56

540NR Tax Booklet 2020 Page 89

Page 89 Total Taxable Income \$53,899 Filing Status (1 or 3) <u>Tax is \$2,203</u>

ornia Tax Table - Continued

Single,	Marri	ied/RDP Fi	iling Se	parately)	2 or 5	(Married/Rl	DP Filing J	lointly; Qu	ualifying W	/idow(er))	4 (Hea	ad of Ho	usel
		Tax For g Status		If Your Ta Income I		The Tax For Filing Status			If Your T Income	-1. Co	The Tax For Filing Status		
1 Or 3 Is	3 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 Is	
1,24	9	631	631	47,451	47,550	1,691	874	874	54,451	54,550	2,251	1,1	154
1,25		633	633	47,551	47,650	1,699	878	878	54,551	54,650	2,259	1 S S S S S	158
1,26		635	635	47,651	47,750	1,707	882	882	54,651	54,750			
1,26	17	637	637	47,751	47,850	1,715	886	886	54,751	54,850		1,1	100
1,27	'3	639	639	47,851	47,950	1,723	890	890	54,851	54,950	2,283	1,1	170
1,27		641	641	47,951	48,050	1,731	894	894		55,050	2,291	1,	174
1,28		643	643	48,051	48,150	1,739	898	898			12.000) 1,1	178
1,29		645	645	48,151	48,250	1,747	902	902					182
1,29	17	647	647	48,251	48,350	1,755	906	906	55,251	55,350	2,315	i 1,1	186
i0 1	1,627	842	842	53,651	53,750	2,187	1,122	1,122	60,651	60,750	2,774	1,402	1,5
	1,635	846	846	CONTRACTOR ADDRESS TO TAK	THE REAL PROPERTY AND INCOME.	2,195	1,126	1,126		60,850	2,783	1.406	1.5
	1,643	850	850	and the second se	53,950	2,203	1,130	1,130	60,851	60,950	2,792		
	1,651	854	854			2,211	1,134	1,134		61,050	2,802	1,414	1,0
0 1	1,659	858	858	A DOLLAR STORE	54,150	2,219	1,138	1,138	61,051	61,150	2,811	1,418	1,5
0 1	1,667	862	862	54,151	54,250	2,227	1,142	1,142	61,151	61,250	2,820	1,422	1,5
0 1	1,675	866	866	54,251	54,350	2,235	1,146	1,146	61,251	61,350	2,830	1,426	1,5
0 1	1,683	870	870	54,351	54,450	2,243	1,150	1,150	61,351	61,450	2,839	1,430	1,5
							9.4170 finch h	AT 17 19 19			Continue	d on nex	xt pa
									0.00	AND DOM: N	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100.00	-

540NR Tax Booklet 2020 Page

You	ur nai	ame: SANDY EGGO Your SSN or ITIN: 123456789	
	11	Exemption amount: Add line 7 through line 10	
Q	12	Porm(s) W-2, box 16	
	13	Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11	13 25,000
Ê	14	California adjustments - subtractions. Enter the amount from Schedule CA (540NR),	
nco		Part II, line 23, column B	14
1 of	10		15 25,000 .0
Tot al Taxable Incom	18	California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, Ine 23, column C	10 33,500
1g			58,500
5	17	Adjusted gross income from all sources. Combine line 16 and line 16.	
		Part III, line 30; OR Your California standard deduction. See instructions	4,601
	19	Bubtract line 18 from line 17. This is your total tazable income. If less than zero, enter -0-	19 53,899 .0
	31	Tax Table Tax Rate Schedule	
		• FTB 3800 • FTB 3400	2,203
	32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 1.	
	35	CA Taxable Income from Schedule CA (S40NR), Part IV, line 5.	
come	38	GA Tax Rate. Divide line 31 by line 19	
die in	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	37
CATaxable Incom	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000	
0	30	GA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$203,341, see instructions	39
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0 💿	40
	41	Tax. See instructions. Check the box if from: Schedule G-1 FTB 5870A	41 -0
<u>.</u>	42	Add line 40 and line 41	42 .0
	50	Nonretundable Child and Dependent Care Expenses Credit, See Instructions.	
		Attach form FTB 3506 Credit for joint ouslody head of household.	soe
dits		See instructions	
Special Credits	52	Credit for dependent parent. See instructions	
dal	53	Credit for senior head of household.	
S.	54	Credit percentage. Enter the amount from line 38 here.	
	55	Credit amount. See instructions	
	-		200
		Side 2 Form 540NR 2020 333 3132203	

19	Untermbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 If required. See instructions		
20	Tax preparation tees		
21	Other expanses- investment, sale deposit box, etc. List type 🕥		
22	Add line 19 through line 21		
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		
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.	@25	
26	Total Remized Deductions. Add line 18 and line 25.		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		
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 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	© 38	4,601

Pa	art IV California Tazable Income	
	California ABI. Enter your California ABI from Part II, line 23, column E.	U
2	Enter your deductions from line 30	
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-	
4	California Itemized/Standard Deductions. Multiply line 2 by the percentage on line 3	2
5	California Tazable income. Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than zero, enter -0	8

T

You	ir nai	TATME: SANDY EGGO Your SSN or ITN: 123456789	
	11	1 Exemption amount: Add line 7 through line 10	124
9-	12	12 Total California wages from your federal Form(s) W-2, box 16	1
	13	13 Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11	25,000
Ê	14	4 California adjustments - subtractions. Enter the amount from Schedule CA (540NR),	0
nco	-	Part II, line 23, column B • 14 • 14 5 Subtract line 14 from line 13. If less than zero, enter the result in parentheses.	<u>0</u> . U
Pier la		See instructions	25,000 .m
Tot al Taxable Incom	18	California adjustments - additions. Enter the amount from Schedule CA (640NR), Part II, Las 20. extreme C	33,500
5		line 23, column C	
β	17	7 Adjusted gross income from all sources. Combine line 15 and line 16	58,500
	18	Benter the larger of: Your California Itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction. See instructions	4,601
	19	g Subtract line 18 from line 17. This is your total taxable income. If less than zero,	
	- 6	enter -0	53,899
		Tax Table Tax Rate Schedule	
	31	11 Tax. Check the box if from:	2 202 [
		FTB 3800 FTB 3803 Statistics	2,203
	32	(540NR), Part IV, line 1	
			46,298
	35	S CA Taxable Income from Schedule CA (540NR), Part IV, line 5	40,290
ŝ	30	6 CA Tax Rate. Divide line 31 by line 19	
CATaxable Incom		7 GA Tax Before Exemption Credits, Multiply line 35 by line 36	
4	37	17 CA Tax Before Exemption Credits. Multiply line 35 by line 36	
Ĩ.	38		
0		H more than 1, enter 1.0000	
	30	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$203,341, see instructions	.00
	18	a	-00
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0 40	
	41	11 Tax. See instructions. Check the box if from: Schedule G-1 FTB 5870A 41	.00
	42	12 Add line 40 and line 41	.00
<u>9</u>			
	50		
	51	Attach form FTB 3506	·E4
2		See Instructions	
Per c	-	2 Credit for dependent parent. See instructions • 52	
Te la	53	a Credit for senior head of household.	
Special Credits		See Instructions	
0	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions	
	55	Credit amount. See instructions S5	-00
_			
	1	Side 2 Form 540NR 2020 333 3132203	

11 Exemption amount. Add the 7 through the 10 ① 11 \$ ① 12 total Calibratis wages from your federal from 1040, 1040-58, or 1040-481, the 11. ② 13 ② 14 Calibratis wages from your federal from 1040, 1040-58, or 1040-481, the 11. ③ 15 ② 15 ② 25,0000 ③ ③ 14 ○ 25,0000 ○ 13 ○ 25,0000 ○ 14 ○ 15 ○ 25,0000 ○ 14 ○ 25,0000 ○ 14 ○ 25,0000 ○ 14 ○ 25,0000 ○ 15 ○ 25,0000 ○ 15 ○ 25,0000 ○ 17 ○ 25,0000 ○ 25,0000 ○ 10 ○ 25,0000 ○ 10 ○ 25,0000 ○ 10 ○ 25,0000 ○ 10 ○ 10 ○ 10 ○ 10<!--</th--><th>You</th><th>ir nai</th><th>me: SANDY EGGO Your SSN or ITIN: 123456789</th><th>■.) •••</th>	You	ir nai	me: SANDY EGGO Your SSN or ITIN: 123456789	■.) •••
Form(1) W2, box is • 12 SU, UUUU .bd 14 Enter federal Adii from federal Form 100, 1040-SR, or 1040-SR, lite 11 (•) 13 25,0000 .gc 14 Calibornia adjustments - subtractions. Enter the amount from Schedule CA (540KR), ent 11, enter 32, of the 31, if the 31,		11	Exemption amount: Add line 7 through line 10	🖲 11 \$ 124
14 California adjustments - subtractions. Enter the amount from Schedule CA (S40AF). 14 14 0 12 15 Subtract the 14 from line 13. If test stan zeo, enter the result in parentheses. 15 25,0000 12 16 California adjustments - additions. Enter the amount from Schedule CA (S40AF). 14 33,7500 12 17 Adjusted gross income from all sources. Combine line 16 and line 16. 17 58,7500 13 18 Enter the larger of Your California Intelline deductions from Schedule CA (S40AF). 18 4,601 19 19 Subtract line 18 from line 17. This is your telai taxable inscene. It less than zero, enter-0- 10 53,899 12 31 Bac. Check line box if from: Tax Rate Tax Rate Schodule 11 2,203 12 32 CA adjusted gross income from Schedule CA (S40AF). Part IV, line 5 33 2,203 13 2,203 13 2,203 14 32 10 33 2,203 13 14 14 14 14 12 12 33 CA Taxable income from Schedule CA (S40AF). Part IV, line 36. 33 33 33 33 34 32,203	сэ. -	12		.0
14 California adjustments - subtractions. Enter the amount from Schedule CA (S40AR). 14 14 0 12 15 Subtract the 14 from line 13. If test stan zeo, enter the result in parentheses. 15 25,000 12 16 California adjustments - additions. Enter the amount from Schedule CA (S40AR), Part II, 18 25,000 12 17 Adjusted gross income from all sources. Combine line 16 and line 16. 17 58,7500 13 18 Enter the larger of Your California Istinue's deductions. Scientizuctors. 18 4,601 19 19 Subtract the 18 from line 17. This is your teal taxable liscene. If less than zero, enter-0 10 53,899 12 20 CA adjusted gross income from Schedule CA (S40AR), Part IV, line 5 33 2,203 12 31 Dat. Check line bat If from: Tax Rate Tax Rate Schedule 31 2,203 12 32 CA adjusted gross income from Schedule CA (S40AR), Part IV, line 5 33 2,203 13 2 33 CA Check line 31 by line 19 32 50,2250 10 33 2,203 14 34 CA Check line 31 by line 19 32 0,0409		13	Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11	
10 Adjusted grade accenter mon an address. Controle mere to and affer (AL (MALWR)). 10 11 12 Bartin in the larger of "Non" california transdurd deductions. See instructions. 10 12 Bartin in the larger of "Non" california transdurd deductions. See instructions. 10 13 Bartin in the form line 17. This is your total taxable inscene. If less than zero, enter -0. 10 24 Tax. Check the box if from: 10 10 25 CA adjusted grads income from Schedule CA. 50,7250 10 26 CA adjusted grads income from Schedule CA. 50,7250 10 27 2,203/53,899 10 11 2,203/53,899 28 CA Taxable income from Schedule CA. 50,7250 10 38 CA Taxable income from Schedule CA. 38 38 39 CA Taxable income from Schedule CA. 38 39 39 CA Taxable income from Schedule CA. 38 37 30 39 CA Taxable income from Schedule CA. 38 37 30 30 CA Taxable income from Schedule CA. 38 37 30 31 CA Taxable incontel Reschedule CA.	Ê	14	California adjustments - subtractions. Enter the amount from Schedule CA (540NR),	
10 Adjusted grade accenter mon an address. Controle mere to and affer (AL (MALWR)). 10 11 12 Bartin in the larger of "Non" california transdurd deductions. See instructions. 10 12 Bartin in the larger of "Non" california transdurd deductions. See instructions. 10 13 Bartin in the form line 17. This is your total taxable inscene. If less than zero, enter -0. 10 24 Tax. Check the box if from: 10 10 25 CA adjusted grads income from Schedule CA. 50,7250 10 26 CA adjusted grads income from Schedule CA. 50,7250 10 27 2,203/53,899 10 11 2,203/53,899 28 CA Taxable income from Schedule CA. 50,7250 10 38 CA Taxable income from Schedule CA. 38 38 39 CA Taxable income from Schedule CA. 38 39 39 CA Taxable income from Schedule CA. 38 37 30 39 CA Taxable income from Schedule CA. 38 37 30 30 CA Taxable income from Schedule CA. 38 37 30 31 CA Taxable incontel Reschedule CA.	nco			• 14 .00
10 Adjusted grade accenter mon an address. Controle mere to and affer (AL (MALWR)). 10 11 12 Bartin in the larger of "Non" california transdurd deductions. See instructions. 10 12 Bartin in the larger of "Non" california transdurd deductions. See instructions. 10 13 Bartin in the form line 17. This is your total taxable inscene. If less than zero, enter -0. 10 24 Tax. Check the box if from: 10 10 25 CA adjusted grads income from Schedule CA. 50,7250 10 26 CA adjusted grads income from Schedule CA. 50,7250 10 27 2,203/53,899 10 11 2,203/53,899 28 CA Taxable income from Schedule CA. 50,7250 10 38 CA Taxable income from Schedule CA. 38 38 39 CA Taxable income from Schedule CA. 38 39 39 CA Taxable income from Schedule CA. 38 37 30 39 CA Taxable income from Schedule CA. 38 37 30 30 CA Taxable income from Schedule CA. 38 37 30 31 CA Taxable incontel Reschedule CA.	1 e la	10		15 25,000 .00
10 Adjusted grade accenter mon an address. Controle mere to and affer (AL (MALWR)). 10 11 12 Bartin in the larger of "Non" california transdurd deductions. See instructions. 10 12 Bartin in the larger of "Non" california transdurd deductions. See instructions. 10 13 Bartin in the form line 17. This is your total taxable inscene. If less than zero, enter -0. 10 24 Tax. Check the box if from: 10 10 25 CA adjusted grads income from Schedule CA. 50,7250 10 26 CA adjusted grads income from Schedule CA. 50,7250 10 27 2,203/53,899 10 11 2,203/53,899 28 CA Taxable income from Schedule CA. 50,7250 10 38 CA Taxable income from Schedule CA. 38 38 39 CA Taxable income from Schedule CA. 38 39 39 CA Taxable income from Schedule CA. 38 37 30 39 CA Taxable income from Schedule CA. 38 37 30 30 CA Taxable income from Schedule CA. 38 37 30 31 CA Taxable incontel Reschedule CA.		10		33 500
10 Adjusted grade accenter mon an address. Controle mere to and affer (AL (MALWR)). 10 11 12 Bartin in the larger of "Non" california transdurd deductions. See instructions. 10 12 Bartin in the larger of "Non" california transdurd deductions. See instructions. 10 13 Bartin in the form line 17. This is your total taxable inscene. If less than zero, enter -0. 10 24 Tax. Check the box if from: 10 10 25 CA adjusted grads income from Schedule CA. 50,7250 10 26 CA adjusted grads income from Schedule CA. 50,7250 10 27 2,203/53,899 10 11 2,203/53,899 28 CA Taxable income from Schedule CA. 50,7250 10 38 CA Taxable income from Schedule CA. 38 38 39 CA Taxable income from Schedule CA. 38 39 39 CA Taxable income from Schedule CA. 38 37 30 39 CA Taxable income from Schedule CA. 38 37 30 30 CA Taxable income from Schedule CA. 38 37 30 31 CA Taxable incontel Reschedule CA.	1		line 23, column G	
Part III, Ine 30; CR Your California standard deduction. See instructions 18 4,601 10 19 Subtract line 18 from line 17. This is your latal lazable liaceme. If less than zero, enter -0. 10 53,899 10 31 Tax. Check the box if from: It is train the image of the image o	2	17	Adjusted gross income from all sources. Combine line 15 and line 16.	• 17 58,500 .m
19 Subtract line 18 from line 17. This is your total taxable lineame. If less than zero, enter -0		18		4.601
enter -0- ()		10		
31 Tex. Check the box if from: FTB 3800 FTB 3803 • 31 2,203 .g 32 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1 • 32 50,250 .g 35 CA Toxable income from Schedule CA (540NR), Part IV, line 1 • 32 50,250 .g 35 CA Toxable income from Schedule CA (540NR), Part IV, line 5 • 35 46,298 .g 36 CA Toxable income from Schedule CA (540NR), Part IV, line 5 • 35 46,298 .g 37 2,203/53,899 • .gt line 36 • 37 .g 37 2,203/53,899 • .gt line 36 • 37 .g 38 CA Exemption Credit Percentage. DMde line 35 by line 19. • .g • .g .g 39 CA Forcated Exemption Credits. Multiply line 11 by line 38. • .g .g .g .g 39 CA Forcated Exemption Credits. Subtrati line 29 from line 37. If less than zero, enter -0. • 40 .g .g 40 CA Regular Tax Before Credits. Subtrati line 29 from line 37. If less than zero, enter -0. • 40 .g .g 41 Tax. See instructors. Check the box if from: • .g Schedule G-1 • .				
31 Tex. Check the box if from: FTB 3800 FTB 3803 • 31 2,203 .g 32 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1 • 32 50,250 .g 35 CA Toxable income from Schedule CA (540NR), Part IV, line 1 • 32 50,250 .g 35 CA Toxable income from Schedule CA (540NR), Part IV, line 5 • 35 46,298 .g 36 CA Toxable income from Schedule CA (540NR), Part IV, line 5 • 35 46,298 .g 37 2,203/53,899 • .gt line 36 • 37 .g 37 2,203/53,899 • .gt line 36 • 37 .g 38 CA Exemption Credit Percentage. DMde line 35 by line 19. • .g • .g .g 39 CA Forcated Exemption Credits. Multiply line 11 by line 38. • .g .g .g .g 39 CA Forcated Exemption Credits. Subtrati line 29 from line 37. If less than zero, enter -0. • 40 .g .g 40 CA Regular Tax Before Credits. Subtrati line 29 from line 37. If less than zero, enter -0. • 40 .g .g 41 Tax. See instructors. Check the box if from: • .g Schedule G-1 • .	27		The Table The Data Schoolula	585.550 S.S.S.
32 CA adjusted grass income from Schedule CA (p40WR), Part IV, line 1. • 32 50,250		31	Tax. Check the box if from:	
(1940kR), Part IV, line 1				• 31 2,203 .m
as CA Taxable Income from Schedule CA (540NH), Part IV, line 5. as 46,298		32		
ab CA Tax Rate. Divide line 31 by line 19. ab CA Tax Rate. Divide line 31 by line 19. ab CA Tax Rate. Divide line 31 by line 19. ab CA Tax Rate. Divide line 31 by line 38. ab CA Exemption Credit Peterstage. Divide line 35 by line 19. if more than 1, enter 1.0000. CA Peterstage Exemption Credits. Multiply line 11 by line 38. ab CA Peterstage Exemption Credits. Multiply line 11 by line 38. ab CA Regular Tax Before Credits. Subtract line 29 from line 37. If less than zero, enter -0 ab CA Regular Tax Before Credits. Subtract line 29 from line 37. If less than zero, enter -0 ab CA Regular Tax Before Credits. Subtract line 29 from line 37. If less than zero, enter -0 ab CA A Regular Tax Before Credits. Subtract line 29 from line 37. If less than zero, enter -0 ab CA Regular Tax Before Credits. Subtract line 29 from line 37. If less than zero, enter -0 ab CA Regular Tax Before Credits. Subtract line 29 from line 37. If less than zero, enter -0 ab CA Regular Tax Before Credits. Subtract line 29 from line 37. If less than zero, enter -0 ab CA Regular Tax Before Credits. Subtract line 29 from line 37. If less than zero, enter -0 ab CA Regular Tax Before Credits. Subtract line 29 from line 37. If less than zero, enter -0 ab Ca Regular Tax Before Credits. Subtract line 29 from line 37. If less than zero, enter -0 ab Ca Regular Tax Before Credits. Subtract line 29 from line 37. If less than zero, enter -0 ab Stattart from FIB 3306				
37 2,203/53,899 38 CA Exemption Credit Percentage. Divide line 35 by line 19. 19 If more than 1, enter 1.0000. 39 CA Prorated Exemption Credits. Multiply line 11 by line 38. 40 CA Prorated Exemption Credits. Multiply line 11 by line 38. 41 Tax. See instructions. Check the box if from: • 42 Add line 40 and line 41 43 Add line 40 and line 41 44 Add line 40 and line 41 45 Add line 40 and line 41 46 Carreturdable Child and Dependent Care Expenses Credit. See instructions. 46 Carreturdable Child and Dependent Care Expenses Credit. See instructions. 47 Add line 40 and line 41 48 Add line 40 and line 41 49 Nonreturdable Child and Dependent Care Expenses Credit. See instructions. 40 Credit for opendent pasent. See Instructions. 41 Tax. See Instructions. 42 Add line 40 and line 41 43 Add line 40 and line 41 44 Add line 40 and line 41 45 Credit for opendent pasent. See Instructions. 46 See Instructions. 47 Add line 40 and line 38 here. 48 Credit for opendent pasent. See Instructions. 49 Credit for opendent pasent. See Instructions. 40 Credit for opendent pasent. See Instructions. 41 See Instructions. 42 Credit for opendent pasent. See Instructions. 43 Credit for opendent pasent. See Instructions. <td></td> <td>35</td> <td>GA Taxable Income from Schedule CA (S40NR), Part IV, line 5.</td> <td>• 35 46,298</td>		35	GA Taxable Income from Schedule CA (S40NR), Part IV, line 5.	• 35 46,298
37 2,203/53,899 38 CA Exemption Credit Percentage. Divide line 35 by line 19. 19 If more than 1, enter 1.0000. 39 CA Prorated Exemption Credits. Multiply line 11 by line 38. 40 CA Prorated Exemption Credits. Multiply line 11 by line 38. 41 Tax. See instructions. Check the box if from: • 42 Add line 40 and line 41 43 Add line 40 and line 41 44 Add line 40 and line 41 45 Add line 40 and line 41 46 Carreturdable Child and Dependent Care Expenses Credit. See instructions. 46 Carreturdable Child and Dependent Care Expenses Credit. See instructions. 47 Add line 40 and line 41 48 Add line 40 and line 41 49 Nonreturdable Child and Dependent Care Expenses Credit. See instructions. 40 Credit for opendent pasent. See Instructions. 41 Tax. See Instructions. 42 Add line 40 and line 41 43 Add line 40 and line 41 44 Add line 40 and line 41 45 Credit for opendent pasent. See Instructions. 46 See Instructions. 47 Add line 40 and line 38 here. 48 Credit for opendent pasent. See Instructions. 49 Credit for opendent pasent. See Instructions. 40 Credit for opendent pasent. See Instructions. 41 See Instructions. 42 Credit for opendent pasent. See Instructions. 43 Credit for opendent pasent. See Instructions. <td>ŝ</td> <td>-</td> <td>CA Tay Parts Divide line 31 by line 10</td> <td></td>	ŝ	-	CA Tay Parts Divide line 31 by line 10	
30 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$203,341, see instructions 30 40 CA Regular Tax Before Credits. Subtract line 20 from line 37. If less than zero, enter -0 40 CA Regular Tax Before Credits. Subtract line 20 from line 37. If less than zero, enter -0 40 CA Regular Tax Before Credits. Subtract line 20 from line 37. If less than zero, enter -0 40 41 Tax. See instructions. Check the box if from: Schedule G-1 FTB 5870A 41 42 Add line 40 and line 41 42 93 Nometundable Child and Dependent Care Expenses Credit. See instructions. 50 50 See Instructions 51 	neo		to the nate. Owner the air by the 19	
30 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$203,341, see instructions 30 40 CA Regular Tax Before Credits. Subtract line 20 from line 37. If less than zero, enter -0 40 CA Regular Tax Before Credits. Subtract line 20 from line 37. If less than zero, enter -0 40 CA Regular Tax Before Credits. Subtract line 20 from line 37. If less than zero, enter -0 40 41 Tax. See instructions. Check the box if from: Schedule G-1 FTB 5870A 41 42 Add line 40 and line 41 42 93 Nometundable Child and Dependent Care Expenses Credit. See instructions. 50 50 See Instructions 51 	-	37	2,203/53,899	
30 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$203,341, see instructions 30 40 CA Regular Tax Before Credits. Subtract line 20 from line 37. If less than zero, enter -0 40 CA Regular Tax Before Credits. Subtract line 20 from line 37. If less than zero, enter -0 40 CA Regular Tax Before Credits. Subtract line 20 from line 37. If less than zero, enter -0 40 41 Tax. See instructions. Check the box if from: Schedule G-1 FTB 5870A 41 42 Add line 40 and line 41 42 93 Nometundable Child and Dependent Care Expenses Credit. See instructions. 50 50 See Instructions 51 	BXB	38	CA Exemption Credit Percentage. DMde line 35 by line 19.	
If the amount on line 13 is more than \$203,341, see instructions 30 40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0 40 41 42 44 	CAJ	-		
49 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0 40 41 42. Add line 40 and line 41 42 42 44 42 42 44 44 45 46 47 48 49 40 41 42 42 43 44 44	1	30		0.10
41 Tax. See instructions. Check the box if from: • Schedule G-1 • FTB 5870A • 41 .00 42 Add line 40 and line 41 • 42 .00 50 Nometandable Child and Dependent Care Expenses Credit. See instructions. • 42 .00 50 Nometandable Child and Dependent Care Expenses Credit. See instructions. • 50 .00 51 Credit for joint outlody head of household. • 51 .00 52 Credit for dependent parent. See instructions. • 52 .00 53 Credit for senior head of household. • 53 .00 54 Credit percentage. Enter the amount from line 38 here. .00 .00 54 Credit amount. See instructions • 55 .00			In the amount on line 1a is more than \$203,341, see instructions	
42 Add line 40 and line 41 • 42 .00 50 Nometundable Child and Dependent Care Expenses Credit. See Instructions. • 50 .00 51 Credit for joint outslody head of household. • 51 .00 52 Credit for dependent parent. See Instructions. • 52 .00 53 Credit for senior head of household. • 53 .00 54 Credit proventage. Enter the amount from line 38 here. .00 .00 54 Credit amount. See instructions • 54 .00 55 Credit amount. See instructions • 55 .00		40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0	⊕ 40 . .
42 Add line 40 and line 41 • 42 .00 50 Nometundable Child and Dependent Care Expenses Credit. See Instructions. • 50 .00 51 Credit for joint outslody head of household. • 51 .00 52 Credit for dependent parent. See Instructions. • 52 .00 53 Credit for senior head of household. • 53 .00 54 Credit proventage. Enter the amount from line 38 here. .00 .00 54 Credit amount. See instructions • 54 .00 55 Credit amount. See instructions • 55 .00			The Sector Secto	
S0 Nonretundable Child and Dependent Care Expenses Credit. See Instructions. 50 50 S1 Credit for joint outstody head of household. 51 00 S2 Credit for dependent parent. See Instructions. 52 00 S3 Credit for dependent parent. See Instructions. 52 00 S4 Credit proentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See Instructions 00 S5 Credit amount. See Instructions 05 00		41	Iax. See Instructions. Lifeck the box if from: • schedule G-1 • Fits barba	
Attach form FTB 3506. 51 Credit for joint ouslody head of household. 52 Credit for dependent parent. See instructions. 52		42	Add line 40 and line 41	• 42 .00
Attach form FTB 3506. 51 Credit for joint ouslody head of household. 52 Credit for dependent parent. See instructions. 52	-	-	Nonestratishie Child and Dependent Care Progress Credit See Instructions	
See Instructions		-	Attach form FTB 3506	• 50
52 Credit for dependent parent. See instructions. 52 .00 53 Credit for senior head of household. .00 54 Credit percentage. Enter the amount from line 38 here. .00 54 Credit amount. See instructions .00 55 Credit amount. See instructions .00	3	51		
If more than 1, enter 1.0000. See instructions	dits		000 IISUUUUUIS	
If more than 1, enter 1.0000. See instructions	õ	52	Credit for dependent parent. See instructions	.log
If more than 1, enter 1.0000. See instructions	dal	53		
If more than 1, enter 1.0000. See instructions	8	54		400
			Craft amount San Industrian	
Side 2 Form 540NR 2020 322 2122202		90	LECUR AND UNL OCT INSPECTIONS	• • • • • • • • • • • • • • •
		-	Ride 2 Form \$4000 2020	-

You	ur nar	The SANDY EGGO Your SSN or ITIN: 123456789	-3	
	11	Exemption amount: Add line 7 through line 10	@ 11 \$	124
9-	12	Total California wages from your tederal Form(s) W-2, box 16	.00	8
	13	Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11	⊙ 13	25,000
Ê	14	California adjustments - subtractions. Enter the amount from Schedule CA (540NR),		0
nco		Part II, line 23, column B Subtract line 14 from line 13. If less than zero, enter the result in parentheses.	• 14	<u>0</u> . U
Pie Pie		See Instructions	15	25,000
Tot al Taxable Incom	18	California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 23, polumn C	• 10	33,500
10				
۴	17	Adjusted gross income from all sources. Combine line 15 and line 16. Enter the larger of: Your California Itemized deductions from Schedule CA (540NR),	• 17	58,500
	18	Part III, Ine 30; OR Your California standard deduction. See instructions	• 18	4,601
	19	Bubtract line 18 from line 17. This is your total taxable income. If less than zero,		E2 900
-	1	enter -0-		53,899 .m
		Tax Table Tax Rate Schedule		
	31	Tax. Check the box if from:		2,203
	95	CA adjusted gross income from Schedule CA	• 31	2,205
	az	(540NR), Part IV, line 1	-00	
				46,298
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 5.	• 35	
8	38	CATAL 46,298 X 0.0409 0.0409		
CATaxable Incom	-	På Tax Balters Doomstine Doublik, Multicky line 35 by line 30	37	1,894
â	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36		
Ê	38	CA Exemption Credit Percentage. Divide line 35 by line 19.		
0		If more than 1, enter 1.0000		
	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$203,341, see Instructions	⊙ 39	.00
	18		0	
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0	• 40	-ba
	41	Tex. See Instructions. Check the box if from: Schedule G-1 FTB 5870A	• 41	-00
	42	Add line 40 and line 41	• 42	.00
-		Nometundable Child and Dependent Care Expenses Credit. See Instructions.	-	
	50	Attach form FTB 3506	• 50	.00
3	51	Credit for joint ouslody head of household. See instructions • 51		
dits		See Instructions	-04	
õ	52	Credit for dependent parent. See instructions	.00	
Special Credits	53	Credit for senior head of household. See Instructions.	-	
a s	54	Credit percentage. Enter the amount from line 38 here.	-00	
		If more than 1, enter 1.0000. See instructions		
	55	Credit amount. See instructions	• 55	- 00
		Side 2 Form 640NR 2020 333 3132203	150 - C	

Yourn	me: SANDY EGGO Your SSN or ITIN: 123456789	-
11	Exemption amount: Add line 7 through line 10	113 124
12	Total California wages from your federal Form(s) W-2, box 16	.00
13		
14	California adjustments – subtractions. Enter the amount from Schedule CA (540NR), Part II, line 23, column B	• 14 0.0
	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15 25,000 .m
Total Taxable Incom	California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 23, column C	• 10 33,500
17	Adjusted gross income from all sources. Combine line 15 and line 16. Enter the larger of: Your California Itemized deductions from Schedule CA (540NR),	• 17 58,500
-	Part III, line 30; OR Your California standard deduction. See Instructions . Subtract line 18 from line 17. This is your total taxable income. If less than zero,	• 18 4,601
	enter -0-	⊙ 19 53,899 .m
31	Tax. Check the box if from:	
33	CA adjusted gross income from Schedule CA (540NR), Part IV, line 1	• 31 2,203 .m
3		• 35 46,298
8 30	CA Tax Rate. Divide line 31 by line 19. 0.0409	
CATaxable Incom	46,298 / 53,899	
ATAX	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000.	
	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$203,341, see instructions	
40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0	⊙ 40
41	Tax. See instructions. Check the box if from: Schedule G-1 FTB 5870A	• 41 .00
42	Add line 40 and line 41	• 42 .00
50	Nonretundable Child and Dependent Care Expenses Credit. See Instructions. Attach form FTB 3506	• 50
-	Credit for joint ouslody head of household. See instructions	
	Credit for dependent parent. See instructions	-00
54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions	
50	Credit amount. See instructions	• 55
50	Side 2 Form 640NR 2020 333 3132203	• 55

	11	Exemption amount: Add line 7 through line 10	@ 11 \$	124
<u>k</u> -	12	Total California wages from your federal Form(s) W-2, box 16		
	13	Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11	⊙ 13	25,000
ŝ	14	California adjustments - subtractions. Enter the amount from Schedule CA (540NR),		0.0
line	15	Part II, line 23, column B Subtract line 14 from line 13. If less than zero, enter the result in parentheses.	• 14	
ŝ		See Instructions	15	25,000
Tot al Taxable Incom	10	California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 23, column C	. • 10	33,500
Ē	17	Adjusted gross income from all sources. Combine line 15 and line 16.	• 17	58,500
	18	Enter the Targer of: Your California Itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction. See Instructions		4,601
	19	Subtract line 18 from line 17. This is your total taxable income. If less than zero,	• 18	
-	6	enter -0-		53,899
	31	Tax. Check the box if from:		
		• FTB 3800 • FTB 3803	• *	2,203
	32	CA adjusted gross income from Schedule CA		
		(540NR), Part IV, line 1	- 100	
	35	GA Taxable Income from Schedule CA (S40NR), Part IV, line 5.	• 35	46,298
come	35	CA Tax Rate. Divide line 31 by line 19		
de In	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	. 🕢 🛙	1,894
CATaxable Incom	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000	D	
0	30	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$203,341, see instructions	. @ 30	107
	40	124 X 0.8590 ray from line 37. If less than zero, enter -0	() 40	
		Tax. See Instructions. Check the box if from: Schedule G-1 FTB 5870		
		Add line 40 and line 41		
0				.64
	50	Nonrefundable Child and Dependent Care Expenses Credit, See Instructions. Attach form FTB 3506	• 50	.00
	51	Credit for joint ouslody head of household. See instructions		
edits				
Special Credits	52	Credit for dependent parent. See instructions	.00	
200	99	See Instructions	-00	
ŝ	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1,0000. See instructions	1	
	55	Credit amount. See instructions	• 55	-00

You	ur nai	me: SANDY EGGO Your SSN or ITIN: 123456789	■.3
	11	Exemption amount: Add line 7 through line 10	🖲 11 \$ 124
0	12	Total Galifornia wages from your tederal Form(s) W-2, box 16	.0
	13	Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11	⊙ 13 25,000 .m
e.	14	California adjustments - subtractions. Enter the amount from Schedule CA (540NR),	
Tot of Taxable Incom	-	Part II, line 23, column B	• 14
1	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15 25,000
1	15	California adjustments - additions. Enter the amount from Schedule CA (540NR), Part II,	
Ę.		line 23, column C	• 10 33,500
	17	Adjusted gross income from all sources. Combine line 15 and line 16.	• 17 58,500 m
	18	Enter the larger of: Your California Hemized deductions from Schedule CA (540NR),	
		Part III, line 30; OR Your California standard deduction. See instructions	• 18 4,601
	19	enter -0-	⊙ 19 53,899 .m
a -			
	31	Tax. Check the box if from:	
		 FTB 3800 FTB 3803 	• 31 2,203
	32	CA adjusted gross income from Schedule CA	
		(540NR), Part IV, line 1	-00
	35	CA Taxable Income from Schedule CA (S40NR), Part IV, line 5.	46,298
2		0.0400	
e o	35	CA Tax Rate. Divide line 31 by line 19	<u> </u>
CATaxable Incom	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	⊙ I7 1,894 .m
-			
E	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.	
ü	-	CA Prorated Exemptio 1,894 - 107	
		If the amount on line to the top of top of the top of top	
	-	St. Reader To The Darks School So St. March 10, 17, 19 and 10, 19	0 40 1,787
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-,	
	41	Tax. See instructions. Check the box if from: Schedule G-1 FTB 5870A	• 41 .00
	42	Add line 40 and line 41	• 42 .00
-	100		
	50	Nonretundable Child and Dependent Care Expenses Credit. See Instructions. Attach form FTB 3506	• **
	51	Credit for joint ouslody head of household.	
2		See Instructions	-00
ž	52	Credit for dependent parent. See instructions	
Te	53	Credit for senior head of household.	H
Special Credits		See instructions	-100
00	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions	
	55	Credit amount. See instructions	• 55
_		CC 186-18 (7.10-1961) 44	
		Side 2 Form 540NR 2020 333 3132203	10

You	ur nau	THE: SANDY EGGO Your SSN or ITIN: 123456789	
	11	Exemption amount: Add line 7 through line 10	🖲 11 \$ 124
(). -	12	Total Galitornia wages from your tederal Form(s) W-2, box 16	.00
	13	Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11	
Ê	14		
nco	-	Part II, line 23, column B Subtract line 14 from line 13. If less than zero, enter the result in parentheses.	• 14 .00
-		See Instructions	15 25,000 .00
Tot al Taxable Incom	18	California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 23, column C	• 10 33,500
10	17	Adjusted gross income from all sources. Combine line 15 and line 16.	• 17 58,500 .m
	18	Enter the Targer of: Your California Hemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction. See instructions.	• 18 4,601 m
	19	Subtract line 18 from line 17. This is your total tasable income. If less than zero,	
		enter -0-	
		Tax Table Tax Rate Schedule	
	31	Tax. Check the box if from:	
		FTB 3800 FTB 3803 FTB 3803	• 31 2,203 .m
	32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 1	- 00
		and the second	46,298
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 5.	• 30 <u> </u>
e o	30	CA Tax Rate. Divide line 31 by line 19	- 1 <u>11</u>
CATaxable Incom	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	
BXR	38	CA Exemption Credit Percentage. Divide line 35 by line 19.	
CAT		If more than 1, enter 1.0000	
~	30	CA Prorated Exemption Credits. Multiply line 11 by line 38.	© 39 107 .m
		If the amount on line 13 is more than \$203,341, see Instructions	
	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
6	42	Add line 40 and line 41	• 42
	50	Nonretundable Child and Dependent Care Expenses Credit. See Instructions.	00
		Attach form FTB 3506	•_so •_o
	91	Credit for joint ouslody head of household. See instructions	-00
il a			Ē
2	52	Credit for dependent parent. See instructions	.00
Special Credits	99	See Instructions	-00
S	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions	0
	55	Credit amount. See instructions	• 55 0 .00
	1		
		Side 2 Form 540NR 2020 333 3132203	· //

Yo	ur nat	The: SANDY EGGO Your SSN or ITIN: 123456789	
	58	Enter credit name code • and amount • 58]
penu	59	Enter credit name code and amount 50	
Special Credits continue	60	To claim more than two credits. See instructions	
rodts	01	Nonretundable Renter's Credit. See Instructions	
clalC	02	Add line 50 and line 55 through 61. These are your total credits	
S.	83	Subtract line 42 from line 42 if less than mon enter -0	1
18		Nonresidents are not eligible for the renter's Credit.	1
	71	Eligible if regident for six menths or	1
Other Taxes	72	more and AGI from all sources	-
Other	73	er less if single or MES	5
~	74	E See Instructions • 74	
	75	A Sandy's AGI from line 17 is	1
	81	California income tax withheid. See instructions	
	82	2020 CA estimated tax and other payments. See Instructions	
	83	Withholding (Form 592-B and/or 593). See instructions	
ants	84	Excess SDI (or VPDI) withheld. See instructions	
Paym	85	Earned Income Tax Credit (EITC)	
	86	Young Child Tax Credit (YCTC). See instructions	
	87	Net Premium Assistance Subsidy (PAS). See Instructions	
		Add line B1 through line 87. These are your total payments. See instructions	
ISR Penalty	91	Individual Stared Responsibility (ISR) Penalty. See Instructions 91	<u></u>
3	92		1
Drepaid Tax Tax Due	93		
dTax			5
inda		Overpaid tax. If line 92 is more than line 75, subtract line 75 from line 92	1
6	102	Amount of line 101 you want applied to your 2021 estimated tax	4

You	ur nar	THE: SANDY EGGO Your SSN or ITIN: 123456789		6
	58	Enter credit name code and amount	• 58	
penu	59	Enter credit name code and amount	• 59	.00
Special Credits continued	60	To claim more than two credits. See instructions.		
otto	01	Nometundable Renter's Credit. See Instructions	• 01	0
alc	02	Add line 50 and line 55 through 61. These are your total credits	. @ az	0
Spec	83	Subtract line 62 from line 42. If less than zero, enter -0-	· · · · · ·	1,787
10	71	Atemative Minimum Tax. Attach Schedule P (540NR).	. • 71	
Sex.	72	Mental Health Services Tax. See Instructions	• 72	.00
Other Taxes	78	Other taxes and credit recapture. See instructions.	• 73	.00
8	74	Excess Advance Premium Assistance Subsidy (APAS) repayment. See Instructions	• 74	.00
	75	Add line 63, line 71, line 72, line 73, and line 74. This is your total tax	• 75	1,787
	81	California income tax withheid. See instructions	. • 81	
	82	2020 CA estimated tax and other payments. See Instructions	• 82	
	83	Withholding (Form 592-8 and/or 593). See instructions .	. 83	
ayments	84	Excess SDI (or VPDI) withheld. See instructions	. 84	.00
Payr	85	Earned Income Tax Credit (EITC)	85	
	86	Young Child Tax Credit (YCTC). See instructions	. 88	
	87	Net Premium Assistance Subsidy (PAS). See Instructions	87	
	88	Add line B1 through line 87. These are your total payments. See instructions	. 🕢 👪	
ISR Penalty	91	Individual Shared Responsibility (ISR) Penalty. See Instructions		
3	92	Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91,	0.0	
Drepaid TaxTax Due	93		. 🕑 92	
dTax		subtract line 58 from line 91	. @ 93	
in chan		Overpaid tax. If line 92 is more than line 75, subtract line 75 from line 92	· • 101	
6	102	Amount of line 101 you want applied to your 2021 estimated tax	• 102	

55555	a Employee's social security number 123-45-6789	OMB No. 154	15-0008		
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		3 Social security wages	4 Social security tax withheld	
Researc	h Institute		5 Medicare wages and tips	6 Medicare tax withheld	
La Jolla,	La Jolla, CA 92037		7 Social security tips	8 Allocated tips	
d Control number			9 Advance EIC payment	10 Dependent care benefits	
e Employee's first name and initial Last name Suff.			11 Nonqualified plans	12a	
Sandy Eggo 1122 Ocean Drive			13 Statutory Retirement Third-party employee plan sick pay	a e 12b	
			14 Other	° • • •	
San Diego, CA 92108				12d 9 9 9	
15 State Employer's state ID nun CA 123-45-67	16 State wages, tips, etc. 30,000	2,44		19 Local income tax 20 Locality name	
Form W-2 Wage and Statemer		2020	Department of	the Treasury—Internal Revenue Service	

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

Your name: EXERCISE T ECOSO Your SSN or TIM: Executions 98 Enter credit name code • and amount. 98 99 Sitter credit name code • and amount. 98 99 Sitter credit name code • and amount. 98 99 Sitter credit name code • and amount. 98 90 To date more than two oredits. See instructions. 68 09 91 Accime 50 through 61. These are your total credits 68 92 0 92 Add line 50 through 61. These are your total credits 68 17.7877 code 93 Subtract line 52 from line 42. If less than zero, enter -0 68 17.7877 code 94 Mental Health Services Too. See Instructors 72 code code 74 Atternables Minimum Tox. Attach Schedule P (540NR). 74 17.7877 code 75 Other Lases and credit recoghtre. See instructors 73 code code code 75 Other Lases and orber payments. See instructors 63 code code code code code	Ver		SANDY EGGO Your SSN or ITN: 123456789			
63 Subtract life s2 from line 42, if less than 28r0, enter -0- 63 1/2-0-0 103 71 Atternative Minimum Tax. Attach Schedule P (540MR). 71	101	100		. 58		00
83 Subtract life s2 from line 42, if less than 28r0, enter -0- 63 177-0-0-0 63 71 Atternative Minimum Tax. Attach Schedule P (S40MR). 71	penu	59	Enter credit name code and amount	. 59		.00
83 Subtract life s2 from line 42, if less than 28r0, enter -0- 63 177-0-0-0 63 71 Atternative Minimum Tax. Attach Schedule P (S40MR). 71	conti	00		. 00		.00
63 Subtract life s2 from line 42, if less than 28r0, enter -0- 63 1/2-0-0 103 71 Atternative Minimum Tax. Attach Schedule P (540MR). 71	odto	81	Nonretundable Renter's Credit. See Instructions	• 01	0	00
83 Subtract life s2 from line 42, if less than 28r0, enter -0- 63 177-0-0-0 63 71 Atternative Minimum Tax. Attach Schedule P (S40MR). 71	ial Cr			() az	0	0
1 Mental Health Services Tax. See Instructions 72 1 1 Other taxes and oredit recapture. See instructions 73 1 Excess Advance Premium Assistance Subsity (APAS) repayment. See instructions 74 1 Excess Advance Premium Assistance Subsity (APAS) repayment. See instructions 74 1 California Withholding 75 1,787 1 California Withholding 81 2,446 1 California Vithholding 81 2,446 1 California Withhold. See instructions 82 02 1 California Vithholding 81 2,446 1 California Vithholding 81 2,446 1 California Vithholding 82 02 1 California Vithholding 83 03 1 California Vithholding 50 83 03	Spec		and a second second second second	1	1,787	-00
73 Other taxes and credit recapture. See instructions. 73 74 Excess Advance Premium Assistance Subskity (APAS) repayment. See instructions. 74 75 Add line 63, line 71, line 72, line 75 76 California Withholding 75 81 California Income tax withheld. See instructions 81 82 2020 CA estimated tax and other payments. See instructions 82 83 Withholding (Form 502-8 and/or 563). See instructions 82 84 Excess SOI (or VPOI) withheld. See instructions 83 85 Earned Income Tax Credit (EITC) 85 86 Young Child Tax Credit (PCTC). See instructions 83 87 Net Premium Assistance Subskity (PAS). See instructions 84 88	18	71	Alternative Minimum Tax. Attach Schedule P (540NR).	• 71		00
74 Excess Advance Premium Assistance Subskly (APAS) repayment. See instructions. 74 1,787 75 Add line 63, line 71, line 72, line 7 75 1,787 0 81 California Withholding 81 2,446 0 82 2020 CA estimated tax and other payments. See instructions 82 00 83 Withholding (Form 502-8 and/or 563). See instructions 83 00 84 Excess S01 (or VPDI) withheld. See instructions 84 00 85 Earned Income Tax Credit (PTD). See instructions 84 00 86 Young Child Tax Credit (YCTC). See instructions 86 00 87 Net Premium Assistance Subskly (PAS). See Instructions 87 0 88 Add line 81 through line 87. These are your total payments. See Instructions 87 0 89 Add line 81 through line 87. These are your total payments. See Instructions 91 .00 91 Individual Shared Responsibility Penalty. See Instructions 91 .00 92 Payments after Individual Shared Responsibility Penalty. Balance. If line 91 is more than line 91, subtract line 91 from line 88, subtract line 88 torns line 91. 93 93 I	Nes	72	Mental Health Services Tax. See Instructions	• 72		.00
74 Excess Advance Premium Assistance Subskly (APAS) repayment. See instructions. 74 1,787 75 Add line 63, line 71, line 72, line 7 75 1,787 0 81 California Withholding 81 2,446 0 82 2020 CA estimated tax and other payments. See instructions 82 00 83 Withholding (Form 502-8 and/or 563). See instructions 83 00 84 Excess S01 (or VPDI) withheld. See instructions 84 00 85 Earned Income Tax Credit (PTD). See instructions 84 00 86 Young Child Tax Credit (YCTC). See instructions 86 00 87 Net Premium Assistance Subskly (PAS). See Instructions 87 0 88 Add line 81 through line 87. These are your total payments. See Instructions 87 0 89 Add line 81 through line 87. These are your total payments. See Instructions 91 .00 91 Individual Shared Responsibility Penalty. See Instructions 91 .00 92 Payments after Individual Shared Responsibility Penalty. Balance. If line 91 is more than line 91, subtract line 91 from line 88, subtract line 88 torns line 91. 93 93 I	her Ta	73	Other taxes and credit recapture. See instructions.	• 73		00
B1 California Withholding B1 California income tax withheld. See instructions B2 2020 CA estimated tax and other payments. See instructions B3 Withholding (Form 592-8 and/or 593). See instructions B3 Withholding (Form 592-8 and/or 593). See instructions B4 Excess SDI (or VPDI) withheld. See instructions B4 Excess SDI (or VPDI) withheld. See instructions B4 Excess SDI (or VPDI) withheld. See instructions B5 Earned income Tax Credit (EITC) B6 Young Child Tax Credit (VCITC). See instructions B6 Young Child Tax Credit (VCITC). See instructions B7 Net Premium Assistance Subsidy (PAS). See Instructions B8 Q B7 Net Premium Assistance Subsidy (PAS). See Instructions B8 Q B7 Individual Shared Responsibility Penalty. See Instructions B9 Individual Shared Responsibility Penalty. See Instructions B9 Full-year health care coverage. B9 Individual Shared Responsibility Penalty. If line 88 is more than line 91, subtract line 58, subtract line 58 from line 91 B9 Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88, subtract line 58 from line	8	74	Excess Advance Premium Assistance Subsidy (APAS) repayment. See Instructions	• 74		.00
81 California income tax withheid. See instructions 81 2,446 .00 82 2020 CA estimated tax and other payments. See instructions 82 .00 83 Withholding (Form 592-8 and/or 593). See instructions 83 .00 84 Excess SDI (or VPDI) withheld. See instructions 83 .00 84 Excess SDI (or VPDI) withheld. See instructions 84 .00 85 Earned Income Tax Credit (EITC)		75	The second se	• 75	1,787	-01
83 Withholding (Form 502-8 and/or 503). 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 83 00 87 Net Premium Assistance Subsidy (PAS). See Instructions 87 00 87 Net Premium Assistance Subsidy (PAS). See Instructions 87 00 88 Add line B1 through line 87. These are your total payments. See Instructions 88 2,44.6 00 91 Individual Shared Responsibility (ISR) Penalty. See Instructions 91 .00 .00 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. If line 91 is more than line 91, subtract line 91 from line 92 .00 94 Individual Shared Responsibility Penalty. If line 91 is more than line 91, subtract line 91 from line 92 .00 94 Individual Shared Responsibility Penalty. If line 91 is more than line 91, subtract line 91 from line 92 .01 95 Individual Shared Responsubility Penalty Balance. If line 91 is more than line		81		• 81	2,446	.00
84 Excess SDI (or VPDI) withheld. See instructions 85 86 87 88 89 80 80 81 82 83 84 93 84 85 91 91 91 91 91 91 91 92 93 94 94 95 96 97 98 99 91 92 93 94 94 95 96 97 98 99 91 92 93 94 94 95 96 97 98 99 91 92 93 94 95 96 97 98 99 99 91 92 93 94 95 96 97 98 99 99 91 92 93 94 95 96 97 98 99 99 91 92 93 94 94		82	2020 CA estimated tax and other payments. See Instructions	• 82		.00
86 Young Child Tax Credit (YCTC). See instructions 88 .00 87 Net Premium Assistance Subsidy (PAS). See instructions 87 .00 88 Add line B1 through line 87. These are your total payments. See instructions 88 2,44.6 .00 91 Individual Shared Responsibility (ISR) Penalty. See Instructions 91 .00 .00 92 Payments after individual Shared Responsibility Penalty. If line 88 is more than line 91, subtract line 91 from line 88. .00 .00 93 Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88, subtract line 88 from line 91. .00 .00 94 04 Overpaid tax. If line 92 is more than line 75, subtract line 75 from line 92. .01 .02		83	Withholding (Form 592-8 and/or 593). See Instructions	• 83		00
86 Young Child Tax Credit (YCTC). See instructions 88 .00 87 Net Premium Assistance Subsidy (PAS). See instructions 87 .00 88 Add line B1 through line 87. These are your total payments. See instructions 88 2,44.6 .00 91 Individual Shared Responsibility (ISR) Penalty. See Instructions 91 .00 .00 92 Payments after individual Shared Responsibility Penalty. If line 88 is more than line 91, subtract line 91 from line 88. .00 .00 93 Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88, subtract line 88 from line 91. .00 .00 94 04 Overpaid tax. If line 92 is more than line 75, subtract line 75 from line 92. .01 .02	nents	84	Excess SDI (or VPDI) withheld. See instructions	• 84		.00
87 Net Premium Assistance Subsidy (PAS). See Instructions. 87 87 00 88 Add line 81 through line 87. These are your total payments. See Instructions. 88 2,446 00 91 Individual Shared Responsibility (ISR) Penalty. See Instructions. 91 .00 91 Individual Shared Responsibility (ISR) Penalty. See Instructions. 91 .00 92 Full year health care coverage. .00 93 Individual Shared Responsibility Penalty. If line 88 is more than line 91, subtract line 91 from line 88. subtract line 88 from line 91	Payr	85	Earned Income Tax Credit (EITC)	• 85		.00
88 Add line B1 through line 87. These are your total payments. See instructions 88 2,446 91 92 92 93 94 95 96 97 98 99 91 92 93 94 95 96 97 98 99 91 92 93 94 95 96 97 98 99 91 92 93 94 94 95 96 97 98 99 99 91 92 93 94 94 95 96 97 98 99 91 92 93 94 95 94 95 96 97 98 99 99 91 92 93 94 		86	Young Child Tax Credit (YCTC). See instructions .	. 88		.00
91 Individual Shared Responsibility (ISR) Penalty. See instructions		87	Net Premium Assistance Subsidy (PAS). See Instructions.	. 87		00
92 Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91, subtract line 91 from line 88. 92 93 Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88, subtract line 88 from line 91. 93 101 Overpaid tax. If line 92 is more than line 75, subtract line 75 from line 92. 101 		88	Add line B1 through line 87. These are your total payments. See instructions	. 🛞 👪	2,446	-00
93 Individual Stared Responsibility Penalty Balance. If line 91 is more than line 88, subtract line 88 from line 91. 93 00 93 Individual Stared Responsibility Penalty Balance. If line 91 is more than line 88, subtract line 88 from line 91. 93 00 93 Individual Stared Responsibility Penalty Balance. If line 91 is more than line 88, subtract line 88 from line 91. 93 00 94 101 Overpaid tax. If line 92 is more than line 75, subtract line 75 from line 92. 9101 00	ISR Penalty	91				- 5
93 Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88, subtract line 88 from line 91. 93 93 94 95 96 97 98 99 99 90 91 92 93 94 95 96 97 98 98 99 99 90 91 91 92 93 94 95 96 97 98 98 99 99 91 91 91 92 93 94 95 96 97 98 99 91 91	3	92		0		
101 Overpaid tax. If line 92 is more than line 75, subtract line 75 from line 92	Tax	93	Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88,			_
102 Amount of line 101 you want applied to your 2021 estimated tax	dTax	-		1		-
6 102 Amount of the 101 you want applied to your 2021 estimated tax	dia			1		-
	6	102	Amount or line 101 you want applied to your 2021 estimated tax	• 102		100

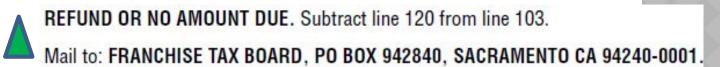
You	ur nar	SANDY EGGO Your SSN or ITIN: 123456789
	58	Enter credit name code • and amount • 58
Special Credits continued	59	Enter gredit name code and amount 50
conti	60	To claim more than two credits. See instructions
odta	01	Nonretundable Renter's Credit. See Instructions
ial C	02	Add line 50 and line 55 through 61. These are your total credits
Spe	83	Subtract line 62 from line 42. If less than zero, enter -0
18	71	Alternative Minimum Tax. Attach Schedule P (540NR)
Xes	72	Mental Health Services Tax. See Instructions
Other Taxes	73	Other taxes and credit recapture. See instructions
8	74	Excess Advance Premium Assistance Subsidy (APAS) repayment. See Instructions
	75	Add line 63, line 71, line 72, line 73, and line 74. This is your total tax
	81	California income tax withheid. See instructions
	82	2020 CA estimated tax and other payments. See Instructions
	83	Withholding (Form 592-8 and/or 593). See instructions
payments	84	Excess SDI (or VPDI) withheld. See instructions
Part	85	Earned Income Tax Credit (EITC)
	86	Young Child Tax Credit (YCTC). See instructions
	87	Net Premium Assistance Subsidy (FAS). See Instructions
	88	Add line B1 through line 87. These are your total payments. See instructions
ISR Penalty	91	Individual Shared Responsibility (ISR) Penalty. See Instructions 91 Full-year health care coverage.
3	92	Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91, subtract line 91 from line 88.
Tax	93	Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88,
Deepeld Tax Tax Due		subtract line 88 from line 91
indue .		
0	102	Amount of line 101 you want applied to your 2021 estimated tax

our ram	SANDY EGGO Your SSN or ITIN: 123456789		Ê	
	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 		
		Code	Amount	
- 3	California Seniors Special Fund. See Instructions.	• 400		00
- 3	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	• 401		00
- 3	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	• 403		00
- 3	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 Ottar Voluntary Tax Contribution Fund	• 410		00
	California Cancer Research Voluntary Tax Contribution Fund	• 413		00
	School Supplies for Homeless Children Fund	• 422		00
	Stale Parks Protection Rund/Parks Pass Perchase	• 423	·	00
- 3	Protect Our Coast and Oceans Voluntary Tax Contribution Fund.	• 424	·	00
	Kaep Arts In Schools Voluntary Tax Contribution Fund.	• 425		00
	Prevention of Animal Homelessness and Gruelty Voluntary Tax Contribution Fund	• 431		00
	California Senior Otizan 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
- 3	Suicida Prevention Voluntary Tax Contribution Fund	• 444		00
120	Add code 400 through code 444. This is your total contribution	• 120	0.	DO

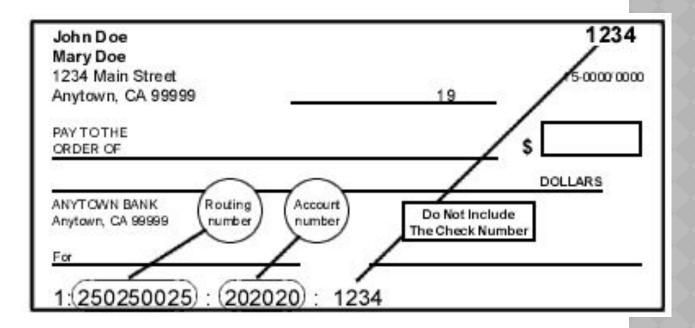
ł

You	r nam	SANDY EGGO Your SSN or ITIN: 123456789
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 \$42567, SACRAMENTO CA \$4257-0001 • 121
Penalties	123	Interest, late return penalties, and late payment penalties. 122
-		Total amount due. See instructions. Enclose, but do not staple, any payment
	125	REFUND OR NO AMOUNT DUE, Subtract line 120 from line 103. See instructions.
To k	ORTA	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 • Lipp Checking • Savings The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below: • Routing number • Lipp Checking • Account number • Lipp Checking • Account number • Lipp Checking • Account number • Lipp Checking • Account number • Lipp • Checking • Savings MT: Altech a copy of your compiles federal neture. Source privacy rights, how we may use your information, and the consequences for not providing the requested information, go to forms and sealch for 1131. To request this notice by mail, call 800.652. 571. altes of perjury, I declare that I have accounted this tax meture, inducting accompanying schedules and statements, and to the best of my and below.
-	wisciga	
Г		
	ign ere	the second address.
to to spoi FIDE sign	ature	Mil Firm's name (or yours, if asil-employed) Firm's address Firm's address Firm's Address Firm's Address
retu (Sec		Do you want to allow another person to discuss this tax return with us? See instructions
		Prini Thèrd Party Deseignee's Names

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.



You	r name:	SANDY EGGO Your SSN or ITIN: 123456789	
You Owe	Mai	DUNT YOU OWE. Add line 93, line 104, and line 120. See instructions. Do not send cash. I to: FRANCHISE TAX BOARD, PO BOX \$42867, SACRAMENTO CA \$4287-0001 • 121 Online – Go to 1tb.ca.gov/pay for more information.	00
-		erest, late return penalties, and late payment penalties	00
Penalti			00
	124 Tota	al amount due. See Instructions. Enclose, but do not staple, any payment	00
Rafund and Breet Deposit	Mail See All t	FUND OR NO AMOUNT DUE. Subtract line 120 from line 103. See instructions. I to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001	
To la ftb.c Undi know	ern about a.govifor er penelåe	Attach a copy of your complete tederal return. tyour privacy rights, how we may use your information, and the consequences for not providing the requested information, go to the and seatch for 1131. To request this notice by mail, call 800.852.5711. es of perjuny, I declare that I have examined this tax return, induding accompanying schedules and statements, and to the best of my dibelief, it is true, correct, and complete. Date Sponer/sFDP's stateture (if a joint tex return, both mail star)	
			- 20
	gn ere	Tour ornal address. Enter only one entail address. O Preferred phone number Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)	
to to spou FIDP	uniawtui rgo a .so/s/ *s aturo.	First's name (or yours, if self-employed)	
Joini retur (See instr	π?	Do you want to allow another person to discuss this tax return with us? See instructions	
		Prini Third Party Designee's Name Telephone Number	



Your name:	SANDY EGGO Your SSN or ITIN: 123456789	
Na Ma	DUNT YOU OWE. Add line 93, line 104, and line 120. See instructions. Do not send cash. I to: FRANCHISE TAX BOARD, PO BOX \$42807, SACRAMENTO CA \$4287-0001 • 121	00
	erest, late return penalties, and late payment penalties	00
걸음		00
	al amount due. See Instructions. Enclose, but do not staple, any payment	00
Mail Fill See All 1 2.5 The The IMPORTANT:	FUND OR NO AMOUNT DUE. Subtract line 120 from line 103. See instructions. 125 659 It to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001	
Under penaltis	es of perjury, I declare that I have examined this tax return, induding accompanying schedules and statements, and to the best of my d belief, it is true, correct, and complete.	-
Your algebraiture	Date Spouse's/FIDP's signature (if a joint bat return, both meat sign).	٦
Sign Here	the ornal address.	
It is uniawtui to torge a spouse/s/ FIDP's signature.	Firm's name (or yours, if asil-employed) Firm's address Firm's address Firm's address	
Joint tax retum? (See instructions)	Do you want to allow another person to discuss this tax return with us? See instructions	
	Print Third Party Designee's Name Tolophone Number	

You	r name:	SANDY EGGO Your SSN or ITIN: 123456789	
You Owe	121 AM Ma Pay	OUNT YOU DWE. Add line 93, line 104, and line 120. See instructions. Do not send cash. Il to: FRANCHISE TAX BOARD, PO BOX \$42867, SACRAMENTO CA \$4267-0001 • 121 Online – Go to 1tb.ca.gov/pay for more information.	
		erest, late return penalties, and late payment penalties	- 00
Penalti		eck the box: • FTB 5805 attached • FTB 5805F attached	.00
-	124 Tot	al amount due. See Instructions. Enclose, but do not staple, any payment	-00
=	Ma	FUND OR NO AMOUNT DUE. Subtract line 120 from line 103. See instructions. It to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001	-00
Ratund and Direct Deposit	•	Fouting number • Type • Type • Account number • O250025 • Account number • Savings • Account number • Savings • Account number	.00
	Ċ	remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:	
To la ftb.c Undi know	arn abou a.govifor er panelt	Attach a copy of your complete federal return. I your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to the and seafch for 1131. To request this notice by mail, call 800.852.5711. as of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my d belief, it is true, correct, and complete. Date Spose/SFDP's signature (it a joint by return, both must sign).	
		ndu 04/15/2021	
	ign ere	the second states. Enter only one ented address. Second y.Eggo@gmail.com Paisered phone number (987) 654-32 Pais preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)	10
to to spou	uniawtul Igo a Iso's/ ² 5 ature.	Firm's name (or youns, if asil-employed) Firm's address Firm's address Firm's Firm'	
Joint return (See			
	uctions)	Do you want to allow another person to discuss this tax return with us? See instructions	
		Print Third Party Designasi's Name Tolophone 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

FTB *K*\$7 192

STATE OF CALIFORNIA Franchise Tax Board