

Filing Status

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

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

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

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

- 7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions.  7  X \$118 =  \$
- 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 . . . . .  8  X \$118 =  \$
- 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 . . . . .  9  X \$118 =  \$

Exemptions

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

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

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

Your name:  Your SSN or ITIN:

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

**Total Taxable Income**

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

13 Enter federal AGI from Form 1040, line 7; 1040NR, line 35; or 1040NR-EZ, line 10 .....  13  .00

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

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

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

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

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

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

**CA Taxable Income**

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

32 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. ....  32  .00

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

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

37 CA Tax Before Exemption Credits. Multiply line 35 by line 36. ....  37  .00

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

39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$194,504, see instructions .....  39  .00

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

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

42 Add line 40 and line 41 .....  42  .00

**Special Credits**

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

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

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

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

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

55 Credit amount. See instructions .....  55  .00

Your name:  Your SSN or ITIN:

**Special Credits continued**

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

**Other Taxes**

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

**Payments**

- 81 California income tax withheld. See instructions. .... ● 81  .00
- 82 2018 CA estimated tax and other payments. See instructions ..... ● 82  .00
- 83 Withholding (Form 592-B and/or 593). See instructions ..... ● 83  .00
- 84 Excess SDI (or VPD) withheld. See instructions ..... ● 84  .00
- 85 Earned Income Tax Credit (EITC) ..... ● 85  .00
- 86 Add lines 81 through 85. These are your total payments. See instructions. .... ● 86  .00

**Overpaid Tax/Tax Due**

- 101 Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86. .... ● 101  .00
- 102 Amount of line 101 you want applied to your 2019 estimated tax. .... ● 102  .00
- 103 Overpaid tax available this year. Subtract line 102 from line 101 ..... ● 103  .00
- 104 Tax due. If line 86 is less than line 74, subtract line 86 from line 74. .... ● 104  .00

**Contributions**

**Code Amount**

- California Seniors Special Fund. See instructions ..... ● 400  .00
- Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund ..... ● 401  .00
- Rare and Endangered Species Preservation Voluntary Tax Contribution Program ..... ● 403  .00

Your name:  Your SSN or ITIN:



		<b>Code</b>	<b>Amount</b>
<b>Contributions</b>	California Breast Cancer Research Voluntary Tax Contribution Fund . . . . .	● 405	<input type="text"/> .00
	California Firefighters' Memorial Fund . . . . .	● 406	<input type="text"/> .00
	Emergency Food for Families Voluntary Tax Contribution Fund . . . . .	● 407	<input type="text"/> .00
	California Peace Officer Memorial Foundation Fund . . . . .	● 408	<input type="text"/> .00
	California Sea Otter Fund . . . . .	● 410	<input type="text"/> .00
	California Cancer Research Voluntary Tax Contribution Fund . . . . .	● 413	<input type="text"/> .00
	School Supplies for Homeless Children Fund . . . . .	● 422	<input type="text"/> .00
	State Parks Protection Fund/Parks Pass Purchase . . . . .	● 423	<input type="text"/> .00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund . . . . .	● 424	<input type="text"/> .00
	Keep Arts in Schools Voluntary Tax Contribution Fund . . . . .	● 425	<input type="text"/> .00
	State Children's Trust Fund for the Prevention of Child Abuse . . . . .	● 430	<input type="text"/> .00
	Prevention of Animal Homelessness and Cruelty Fund . . . . .	● 431	<input type="text"/> .00
	Revive the Salton Sea Fund . . . . .	● 432	<input type="text"/> .00
	California Domestic Violence Victims Fund . . . . .	● 433	<input type="text"/> .00
	Special Olympics Fund . . . . .	● 434	<input type="text"/> .00
	Type 1 Diabetes Research Fund . . . . .	● 435	<input type="text"/> .00
	California YMCA Youth and Government Voluntary Tax Contribution Fund . . . . .	● 436	<input type="text"/> .00
	Habitat for Humanity Voluntary Tax Contribution Fund . . . . .	● 437	<input type="text"/> .00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund . . . . .	● 438	<input type="text"/> .00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund . . . . .	● 439	<input type="text"/> .00
Rape Backlog Kit Voluntary Tax Contribution Fund . . . . .	● 440	<input type="text"/> .00	
Organ and Tissue Donor Registry Voluntary Tax Contribution Fund . . . . .	● 441	<input type="text"/> .00	
National Alliance on Mental Illness California Voluntary Tax Contribution Fund . . . . .	● 442	<input type="text"/> .00	
Schools Not Prisons Voluntary Tax Contribution Fund . . . . .	● 443	<input type="text"/> .00	
<b>120</b> Add code 400 through code 443. This is your total contribution . . . . .	● 120	<input type="text"/> .00	

Your name:  Your SSN or ITIN:

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

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

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

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

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

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

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

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

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

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

● Your email address. Enter only one email address.   
● Preferred phone number

**Sign Here**

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

Joint tax return? (See instructions)

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

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

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

Print Third Party Designee's Name  Telephone Number