

Fiscal year filers only: Enter month of year end: month _____ year 2018. [] Check here if this is an AMENDED return.

Form fields for personal information: Your first name, Last name, Suffix, Your SSN or ITIN, Spouse's/RDP's first name, Spouse's/RDP's SSN or ITIN, Street address, City, State, ZIP code, Foreign country name, Foreign province/state/county, Foreign postal code.

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

Prior Name: If you filed your 2016 tax return under a different last name, write the last name only from the 2016 tax return. Your prior name _____ Spouse's/RDP's prior name _____

Filing Status: 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) with dependent child. Enter year spouse/RDP died _____ If your California filing status is different from your federal filing status, check the box here []

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

For line 7, line 8, line 9, and line 10: Multiply the 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 \$114 = [] \$ _____

8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 [] 8 [] X \$114 = [] \$ _____

9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 . [] 9 [] X \$114 = [] \$ _____

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

Table with 3 columns: Dependent 1, Dependent 2, Dependent 3. Rows: First Name, Last Name, SSN, Dependent's relationship to you.

Total dependent exemptions [] 10 [] X \$353 = [] \$ _____

11 Exemption amount: Add line 7 through line 10 11 [] \$ _____

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

13 Enter federal AGI from Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; 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), line 44; 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

Your name: _____ Your SSN or ITIN: _____

CA Taxable Income	31	Tax. Check the box if from: <input type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input checked="" type="radio"/> <input type="checkbox"/> FTB 3800 <input checked="" type="radio"/> <input type="checkbox"/> FTB 3803	31	00
	32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 45	32	00
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 49	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 \$187,203, see instructions	39	00
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-	40	00
	41	Tax. See instructions. Check the box if from: <input checked="" type="radio"/> <input type="checkbox"/> Schedule G-1 <input checked="" type="radio"/> <input type="checkbox"/> FTB 5870A	41	00
	42	Add line 40 and line 41	42	00
Special Credits	50	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506	50	00
	51	Credit for joint custody head of household. See instructions	51	00
	52	Credit for dependent parent. See instructions	52	00
	53	Credit for senior head of household. See instructions	53	00
	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions	54	
	55	Credit amount. See instructions	55	00
	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	2017 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 2018 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

Your name: _____ Your SSN or ITIN: _____



Contributions

	Code	Amount
California Seniors Special Fund. See instructions	● 400	00
Alzheimer's Disease/Related Disorders Fund	● 401	00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	● 403	00
California Breast Cancer Research Voluntary Tax Contribution Fund	● 405	00
California Firefighters' Memorial Fund	● 406	00
Emergency Food for Families Voluntary Tax Contribution Fund	● 407	00
California Peace Officer Memorial Foundation Fund	● 408	00
California Sea Otter Fund	● 410	00
California Cancer Research Voluntary Tax Contribution Fund	● 413	00
School Supplies for Homeless Children Fund	● 422	00
State Parks Protection Fund/Parks Pass Purchase	● 423	00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	● 424	00
Keep Arts in Schools Voluntary Tax Contribution Fund	● 425	00
State Children's Trust Fund for the Prevention of Child Abuse	● 430	00
Prevention of Animal Homelessness and Cruelty Fund	● 431	00
Revive the Salton Sea Fund	● 432	00
California Domestic Violence Victims Fund	● 433	00
Special Olympics Fund	● 434	00
Type 1 Diabetes Research Fund	● 435	00
California YMCA Youth and Government Voluntary Tax Contribution Fund	● 436	00
Habitat for Humanity Voluntary Tax Contribution Fund	● 437	00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	● 438	00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	● 439	00
Rape Backlog Kit Voluntary Tax Contribution Fund	● 440	00
120 Add code 400 through code 440. This is your total contribution	● 120	00

Your name: _____ Your SSN or ITIN: _____

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.

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

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

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:

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

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

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

IMPORTANT: Attach a copy of your complete federal return.

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

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

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

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

Sign Here

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

Joint tax return? (See instructions)

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

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

Firm's address ● 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