

Fiscal year filers only: Enter month of year end: month _____ year 2017.

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

Date of Birth section: Your DOB (mm/dd/yyyy) and Spouse's/RDP's DOB (mm/dd/yyyy).

Prior Name section: If you filed your 2015 tax return under a different last name, write the last name only from the 2015 tax return. Taxpayer and Spouse/RDP.

Filing Status section: 1 Single, 2 Married/RDP filing jointly, 3 Married/RDP filing separately, 4 Head of household, 5 Qualifying widow(er).

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. 7 X \$111 = \$

8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. 8 X \$111 = \$

9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. 9 X \$111 = \$

Table for Exemptions: 10 Dependents. Columns for Dependent 1, 2, and 3. Rows for First Name, Last Name, SSN, and Dependent's relationship to you.

Total dependent exemptions 10 X \$344 = \$

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: _____

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|--------------------------|--|
| 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 \$182,459, 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 |

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| 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 | |

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| 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 |

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| Payments | 81 California income tax withheld. See instructions. ● 81 _____ 00 |
| | 82 2016 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 |

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| 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 2017 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 Program | ● 403 | 00 |
| California Breast Cancer Research Fund | ● 405 | 00 |
| California Firefighters' Memorial Fund | ● 406 | 00 |
| Emergency Food for Families Fund | ● 407 | 00 |
| California Peace Officer Memorial Foundation Fund | ● 408 | 00 |
| California Sea Otter Fund | ● 410 | 00 |
| California Cancer Research Fund | ● 413 | 00 |
| Child Victims of Human Trafficking Fund | ● 419 | 00 |
| School Supplies for Homeless Children Fund | ● 422 | 00 |
| State Parks Protection Fund/Parks Pass Purchase | ● 423 | 00 |
| Protect Our Coast and Oceans Fund | ● 424 | 00 |
| Keep Arts in Schools 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 |
| 120 Add code 400 through code 435. 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** 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 _____ ● **126** Direct deposit amount
● Routing number ● Type ● Account number

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:
 Checking
_____ Savings _____ ● **127** Direct deposit amount
● Routing number ● Type ● Account number

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** and search for **privacy notice**. 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 _____
