

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, 3 [] Married/RDP filing separately, 4 [] Head of household, 5 [] Qualifying widow(er), 6 [] If someone can claim you as a dependent.

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 [] 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 _____ ● **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/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