

Your name:

Your SSN or ITIN:

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

Exemptions

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

Total dependent exemptions . . . . . • 10  X \$446 =  \$ **11 Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 . . . . . • 11 \$ 

Taxable Income

**12** State wages from your federal Form(s) W-2, box 16. . . . . • 12  .00

**13** Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11. . . . . • 13  .00

**14** California adjustments - subtractions. Enter the amount from Schedule CA (540), Part I, line 27, 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 (540), Part I, line 27, column C . . . . . • 16  .00

**17** California adjusted gross income. Combine line 15 and line 16 . . . . . • 17  .00

**18** Enter the larger of { Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR** Your California **standard deduction** shown below for your filing status:  
 • Single or Married/RDP filing separately . . . . . \$5,363  
 • Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP • \$10,726  
 If Married/RDP filing separately or the box on line 6 is checked, **STOP**. See instructions . . • 18  .00

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

Tax

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

**32** Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$237,035, see instructions . . . . . • 32  .00

**33** Subtract line 32 from line 31. If less than zero, enter -0- . . . . . • 33  .00

**34** Tax. See instructions. Check the box if from: • ☐ Schedule G-1 • ☐ FTB 5870A • 34  .00

**35** Add line 33 and line 34 . . . . . • 35  .00

Special Credits

**40** Nonrefundable Child and Dependent Care Expenses Credit. See instructions. . . . . • 40  .00

**43** Enter credit name  code •  and amount • • 43  .00

**44** Enter credit name  code •  and amount • • 44  .00