| Your name: Your SSN or ITIN: |     |  |
|------------------------------|-----|--|
| 11                           |     | Exemption amount: Add line 7 through line 10   |
|                              | 12  | Total California wages from your federal Form(s) W-2, box 16 · · · · · · · · · • 12 .00  |
|                              | 13  | Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11   |
| ne                           | 14  | California adjustments - subtractions. Enter the amount from Schedule CA (540NR),  |
| Total Taxable Income         |     | Part II, line 27, column B   |
|                              | 15  | Subtract line 14 from line 13. If less than zero, enter the result in parentheses.  See instructions                           |
| axa                          | 16  | California adjustments - additions. Enter the amount from Schedule CA (540NR), Part II,  |
| <u>a</u>                     |     | line 27, column C  |
| Ā                            | 17  | Adjusted gross income from all sources. Combine line 15 and line 16 • 17   |
|                              | 18  | Enter the larger of: Your California itemized deductions from Schedule CA (540NR),   |
|                              | 40  | Part III, line 30; OR Your California standard deduction. See instructions   |
|                              | 19  | Subtract line 18 from line 17. This is your <b>total taxable income</b> . If less than zero, enter-0                           |
|                              |     |  |
|                              | 31  | Tax. Check the box if from:  |
|                              |     | ● FTB 3800 ● FTB 3803 • 31   |
|                              | 32  | CA adjusted gross income from Schedule CA  |
|                              |     | (540NR), Part IV, line 1 · · · · · · · · · • 32  |
|                              | 0.5 |  |
| a)                           | 35  | CA Taxable Income from Schedule CA (540NR), Part IV, line 5  |
| ncome                        | 36  | CA Tax Rate. Divide line 31 by line 19 · · · · · · · · · · • 36  |
| CA Taxable Income            | 37  | CA Tax Before Exemption Credits. Multiply line 35 by line 36 · · · · · · · · · · · · · · · · · ·                               |
|                              | 38  | CA Exemption Credit Percentage. Divide line 35 by line 19.   |
|                              |     | If more than 1, enter 1.0000   |
|                              | 39  | CA Prorated Exemption Credits. Multiply line 11 by line 38.  If the amount on line 13 is more than \$237,035, see instructions |
|                              |     | The amount of fine 13 is more than \$257,055, see instructions   |
|                              | 40  | CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0                                      |
|                              | 41  | Tax. See instructions. Check the box if from: Schedule G-1 FTB 5870A • 41  |
|                              |     |  |
|                              | 42  | Add line 40 and line 41 · · · · · · · · · · · · · · · · · ·  |
|                              | 50  | Nonrefundable Child and Dependent Care Expenses Credit. See instructions.  |
|                              |     | Attach form FTB 3506 • • • • • • • • • • • • • • • • • • •   |
| Special Credits              | 51  | Credit for joint custody head of household.  |
|                              |     | See instructions   |
|                              | 52  | Credit for dependent parent. See instructions • 52   |
|                              | 53  | Credit for senior head of household.   |
|                              | 54  | See instructions • 53  |
|                              | J-7 | If more than 1, enter 1.0000. See instructions · · · · · · · · · · • • • • • • • • •   |
|                              |     |  |
|                              | 55  | Credit amount. See instructions  |

Side 2 Form 540NR 2023