sprintax

First Name Surname	XINHANG XU
Selected mailing address	1133 OLIVE DR. UNIT 302
City	DAVIS
State/Province, ZIP/Postal Code	CA, 95616
Country	UNITED STATES OF AMERICA

Dear XINHANG,

Thank you for preparing your California State tax return via Sprintax tax prep software. Enclosed are two copies of your 2025 California tax return. Please file one copy with the State and retain the second copy for your records. We have attached instructions detailing how to file your tax return with the California State tax office. Please remember to review, sign and date your filing copy on page 6 before mailing.

DO NOT MAIL WITH YOUR RETURN

Tax Summary

Filing status	Single
California adjusted gross income	64187
California taxable income	58481
Refund amount	209

How much is my California refund?

Your California tax refund is $209. This will be deposited directly into your checking account as per your instructions.

How do I file my tax return?

You must post your California tax return with the required documents (see table 2 on page California State Tax return Checklist) to the address below. Your tax return must be received by April 15th. We recommend you mail your return as soon as possible, using the United States Post Office certified mail service or an approved delivery service that will provide proof of your mailing date, to the following address:

FRANCHISE TAX BOARD
PO BOX 942840
SACRAMENTO, CA 94240-0001
USA

When will I receive my refund?

The California tax office will take approximately 4-8 weeks to process your application, once they receive it. You can check the status of your California tax refund using Check your refund status an interactive tool available here 4 or more weeks after you mail your return.

You can also call the California tax office at 800 338 0505 from within the United States or 916 845 6500 from

outside the United States to check your personal income tax refund status.

When you call or visit the California State website, you will need the following information:

- Social security number
- Mailing address (including Zip code)
- Expected refund amount

If you have any questions, please email us at hello@sprintax.com.

Sincerely,
The Sprintax team

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RETURN

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California Tax Return Checklist

1. Review and sign the following forms where indicated.

Form	*Action*
540NR	Sign on page 6

2. Attach copies of your Federal tax return and all your income and tax withholding statements showing the US income sources you used to prepare your California tax return.

Supporting Documents	*Quantity*
Federal Tax return	1
W2	1
1042-S	1

DO NOT MAIL

3. Confirm that the SSN on your tax return and all your W-2 forms is correct. If you don't have your W-2 form(s) or if the SSN is incorrect, then you'll need to obtain a valid W-2 form(s) from your employer(s).

WITH YOUR

4. Mail your California State tax return with all necessary supporting documents and attachments as soon as possible, using the United States Post Office certified mail service or an approved delivery service that will provide proof of your mailing date, to:

FRANCHISE TAX BOARD
PO BOX 942840
SACRAMENTO, CA 94240-0001
USA

RETURN

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California Tax Return Frequently Asked Questions

How long will it take to process my California tax return?
The California Tax office will take approximately 4-8 weeks after receiving your return to process your application.

What is the April 15th deadline?
The April 15th tax deadline is the date by which all tax returns must be filed for the previous year. If you owe the California tax office money and you don't file your tax return by April 15th, the California tax authorities will impose late filing penalties and interest on the amount you owe, so the sooner you apply the better. If you need to file an extension to give you more time to file your return, the extension request must also be submitted by the due date. Extension requests only extend your time to file your return, not to pay your taxes. Make sure your estimated tax liability is paid before the deadline to avoid paying any late payment penalties and interest.

DO NOT MAIL

What taxes can Sprintax prepare for me?
With Sprintax, you can prepare your Federal, State, FICA tax returns. Once prepared, you must then sign and submit them yourself to the relevant authorities (as detailed in your instruction pack). Sprintax cannot file any returns on your behalf.

WITH YOUR

Can I use an international tax treaty on my California State tax return?
No. California State does not honor federal tax treaty agreements with foreign countries that the Internal Revenue Service uses.

Could I owe money to the State tax authorities?
Depending on how your employer taxed you and what the actual tax liability under the tax law is, you may owe tax or be due a tax refund. If you have a tax liability or if other particular factors apply, then you have an obligation to file a tax return. Sprintax takes into consideration all of these factors. Remember, if you owe money and don't file your return before the deadline, you'll get penalties and fines added to the amount you owe.

RETURN

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CALIFORNIA STATE TAX RETURN FOR

XINHANG XU

2025

DO NOT MAIL WITH YOUR RETURN

STATE FILING COPY

SUBMIT TO THE CALIFORNIA TAX OFFICE

TAXABLE YEAR **2025**

California Nonresident or Part-Year Resident Income Tax Return

FORM **540NR**

☐ Check here if this is an AMENDED return. Fiscal year filers only: Enter month of year end: month_____ year 2026.

Your first name	Initial	Last name	Suffix	Your SSN or ITIN
XINHANG		XU		113-69-2977

If joint tax return, spouse's/RDP's first name	Initial	Last name	Suffix	Spouse's/RDP's SSN or ITIN

☐ A ☐ R ☐ RP

Additional information (see instructions) | PBA code

Street address (number and street) or PO box | Apt. no/ste. no. | PMB/private mailbox

1133 OLIVE DR. UNIT 302

City (If you have a foreign address, see instructions) | State | ZIP code

DAVIS | CA | 95616

Foreign country name | Foreign province/state/county | Foreign postal code

Date of Birth

Your DOB (mm/dd/yyyy): 06/11/1993

Spouse's/RDP's DOB (mm/dd/yyyy):

Prior Name

Your prior name (see instructions):

Spouse's/RDP's prior name (see instructions):

Filing Status

If your California filing status is different from your federal filing status, check the box here . . . . . ☐

1 [X] Single

2 [ ] Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.

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 surviving spouse/RDP. Enter year spouse/RDP died. See instructions.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr. . . . . ● 6 ☐

Exemptions

▶ For line 7, line 8, line 9, and line 10: Multiply the number 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 in the box. If you checked the box on line 6, see instructions. . ◉ 7 [1] X $153 = ◉ $ 153

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions. . . . . ◉ 8 [ ] X $153 = ◉ $

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. . . . . ● 9 [ ] X $153 = ◉ $

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

	Dependent 1	Dependent 2	Dependent 3
First Name			
Last Name			
SSN. See instructions.			
Dependent's relationship to you			

Total dependent exemptions . . . . . ● 10 [ ] X $475 = ◉ $

Your name: XINHANG XU Your SSN or ITIN: 113-69-2977

11 **Exemption amount:** Add line 7 through line 10 . . . . . ◉ **11** $ 153

Total Taxable Income

12 Total California wages from your federal Form(s) W-2, box 16 . . . . . ● **12** 64187 .00

13 Enter federal adjusted gross income (AGI) from federal Form 1040, 1040-SR, or 1040-NR, line 11b . . . . . ◉ **13** .00

14 California adjustments – subtractions. Enter the amount from Schedule CA (540NR), Part II, 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** 0 .00

16 California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 27, column C . . . . . ● **16** 64187 .00

17 Adjusted gross income from all sources. Combine line 15 and line 16 . . . . . ● **17** 64187 .00

18 Enter the **larger** of: Your California **itemized deductions** from Schedule CA (540NR), Part III, line 30; **OR** Your California **standard deduction**. See instructions . . . . . ● **18** 5706 .00

19 Subtract line 18 from line 17. This is your **total taxable income**. If less than zero, enter -0- . . . . . ◉ **19** 58481 .00

CA Taxable Income

31 Tax. Check the box if from: [X] Tax Table [ ] Tax Rate Schedule ● [ ] FTB 3800 ● [ ] FTB 3803 . . . . . ● **31** 2064 .00

32 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1 . . . . . ● **32** 64187 .00

35 CA Taxable Income from Schedule CA (540NR), Part IV, line 5 . . . . . ● **35** 58481 .00

36 CA Tax Rate. Divide line 31 by line 19 . . . . . ◉ **36** 0.0353

37 CA Tax Before Exemption Credits. Multiply line 35 by line 36 . . . . . ◉ **37** 2064 .00

38 CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000 . . . . . ◉ **38** 1.0000

39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than $252,203, see instructions . . . . . ◉ **39** 153 .00

40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- . . . ◉ **40** 1911 .00

41 Tax. See instructions. Check the box if from: ● [ ] Schedule G-1 ● [ ] FTB 5870A ● **41** .00

42 Add line 40 and line 41 . . . . . ● **42** 1911 .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

Your name: XINHANG XU Your SSN or ITIN: 113-69-2977

Special Credits

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. Attach Schedule P (540NR)	60	.00
61	Nonrefundable Renter's Credit. See instructions	61	.00
62	Add line 50 and line 55 through line 61. These are your total credits	62	.00
63	Subtract line 62 from line 42. If less than zero, enter -0-	63	1911 .00

Other Taxes

71	Alternative Minimum Tax. Attach Schedule P (540NR)	71	.00
72	Behavioral 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	1911 .00

Payments

81	California income tax withheld. See instructions	81	2120 .00
82	2025 California estimated tax and other payments. See instructions	82	.00
83	Withholding (Form 592-B and/or Form 593). See instructions	83	.00
84	Refundable Program 4.0 California Motion Picture and Television Production Credit. See instructions	84	.00
85	Earned Income Tax Credit (EITC). See instructions	85	.00
86	Young Child Tax Credit (YCTC). See instructions	86	.00
87	Foster Youth Tax Credit (FYTC). See instructions	87	.00
88	Add line 81 through line 87. These are your total payments. See instructions	88	2120 .00

ISR Penalty

91	If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage. If you did not check the box, see instructions.		☐
	Individual Shared Responsibility (ISR) Penalty. See instructions	91	.00

Overpaid Tax/Tax Due

92	Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91, subtract line 91 from line 88.	92	2120 .00
93	Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88, subtract line 88 from line 91.	93	.00
101	Overpaid tax. If line 92 is more than line 74, subtract line 74 from line 92.	101	209 .00
102	Amount of line 101 you want applied to your **2026** estimated tax	102	.00
103	Overpaid tax available this year. Subtract line 102 from line 101	103	209 .00

Your name: XINHANG XU Your SSN or ITIN: 113-69-2977

104 Tax due. If line 92 is less than line 74, subtract line 92 from line 74 . . . . . ◉ **104** .00

Contributions

	Code	Amount
California Seniors Special Fund. See instructions	400	.00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution 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 Voluntary Tax Contribution Fund	406	.00
Emergency Food for Families Voluntary Tax Contribution Fund	407	.00
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	408	.00
California Cancer Research Voluntary Tax Contribution Fund	413	.00
School Supplies for Homeless Children Voluntary Tax Contribution Fund	422	.00
State Parks Protection Fund/Parks Pass Purchase	423	.00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	424	.00
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	431	.00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	438	.00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	439	.00
Mental Health Crisis Prevention Voluntary Tax Contribution Fund	445	.00
California ALS Research Network Voluntary Tax Contribution Fund	447	.00
California Pediatric Cancer Research Voluntary Tax Contribution Fund	448	.00
Parkinson's Disease Research Voluntary Tax Contribution Fund	449	.00
120 Add amounts in code 400 through code 449. This is your total contribution	120	.00

Your name: XINHANG XU Your SSN or ITIN: 113-69-2977

Amount You Owe

121 **AMOUNT YOU OWE.** Add line 93, 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.

Interest and Penalties

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

Refund and Direct Deposit

125 **REFUND OR NO AMOUNT DUE.** Subtract line 120 from line 103. See instructions.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001**. . . . . ● **125** 209 .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:

● Routing number 322271627 ● Type [X] Checking [ ] Savings ● Account number 588556178 ● **126** Direct deposit amount 209 .00

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

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

Voter Info.

For voter registration information, check the box and go to **sos.ca.gov/elections**. See instructions . . . . . ☐

Health Care Coverage Info.

Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the Franchise Tax Board to share limited information from your tax return with Covered California. See instructions . . . . ◉ ☐ Yes ☐ No

Sign your tax return on Side 6

Your name: XINHANG XU Your SSN or ITIN: 113-69-2977

IMPORTANT: Attach a copy of your complete federal return.

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

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)
	02/16/2026	

Sign Here

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

Joint tax return? See instructions.

◉ Your email address. Enter only one email address.

◉ Preferred phone number

● Print paid preparer's name: ENCHO YORDANOV

● Paid preparer's phone number: 888 203 8900

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): TAXBACK INC

● PTIN: P01474659

Firm's address: 79 MADISON AVENUE, FLOOR 8, NEW YORK, NY 10016-7810

● Firm's FEIN: 20-1184447

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

TAXABLE YEAR **2025**

California Adjustments — Nonresidents or Part-Year Residents

SCHEDULE **CA (540NR)**

Important: Attach this schedule behind Form 540NR, Side 6 as a supporting California schedule.

Name(s) as shown on tax return	SSN or ITIN
XINHANG XU	113-69-2977

Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2025.

During 2025:

1 My California (CA) Residency (Check one)

a Myself: ◉ X Nonresident ◉ ___ Part-Year Resident ◉ ___ Resident **b** Spouse: ◉ ___ Nonresident ◉ ___ Part-Year Resident ◉ ___ Resident

		Yourself	Spouse/RDP
2	**a** I was domiciled in (enter two letter code, see instructions)	F C	__ __
	b I was in the military and stationed in (enter two letter code)	__ __	__ __
3	I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move)	__ __ __ __/__ __/__ __ __ __	__ __ __ __/__ __/__ __ __ __
4	I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move)	__ __ __ __/__ __/__ __ __ __	__ __ __ __/__ __/__ __ __ __
5	I was a CA nonresident the entire year (enter state of residence)	F C	__ __
6	The number of days I spent in CA for any purpose was:	3 6 5	__ __ __
7	I owned a home/property in CA (enter Y for Yes, N for No)	N	__
8	**Before 2025:** I was a CA resident for the period of	__ __/__ __/__ __ __ –	__ __/__ __/__ __ __ –
		__ __/__ __/__ __ __	__ __/__ __/__ __ __

Part II Income Adjustment Schedule

Section A — Income from federal Form 1040 or 1040-SR	**A** Federal Amounts (taxable amounts from your federal tax return)	**B** Subtractions See instructions (difference between CA & federal law)	**C** Additions See instructions (difference between CA & federal law)	**D** Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	**E** CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
1 a Total amount from federal Form(s) W-2, box 1. See instructions **1a**			64187	64187	64187
b Household employee wages not reported on federal Form(s) W-2. **1b**					
c Tip income not reported on line 1a **1c**					
d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions **1d**					
e Taxable dependent care benefits from federal Form 2441, line 26 **1e**					
f Employer-provided adoption benefits from federal Form 8839, line 31 **1f**					
g Wages from federal Form 8919, line 6 **1g**					
h Other earned income. See instr. Enter type & amount. ◉ _____ **1h**					
i Nontaxable combat pay election. See instr. **1i**					
z Add line 1a through line 1i **1z**			64187	64187	64187
2 Taxable interest. **a** ◉ _____ **2b**					
3 Ordinary dividends. See instr. **a** ◉ _____ **3b**					
4 IRA distributions. See instr. **a** ◉ _____ **4b**					
5 Pensions and annuities. See instr. **a** ◉ _____ **5b**					
6 Social security benefits. **a** ◉ _____ **6b**					
7 a Capital gain or (loss). See instructions **7a**					

Section B — Additional Income from federal Schedule 1 (Form 1040)					
1 Taxable refunds, credits, or offsets of state and local income taxes. **1**					
2 a Alimony received. **b** Date of original divorce or separation agreement. See instr. ◉ _____ **2a**					

Section B — Additional Income Continued	A **Federal Amounts** (taxable amounts from your federal tax return)	B **Subtractions** See instructions (difference between CA & federal law)	C **Additions** See instructions (difference between CA & federal law)	D **Total Amounts Using CA Law As If You Were a CA Resident** (subtract col. B from col. A; add col. C to the result)	E **CA Amounts** (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
3 Business income or (loss). See instructions. . . . **3**	◉	◉	◉	◉	◉
4 Other gains or (losses) **4**	◉	◉	◉	◉	◉
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc **5**	◉	◉	◉	◉	◉
6 Farm income or (loss) **6**	◉	◉	◉	◉	◉
7 Unemployment compensation **7**	◉	◉			
8 Other income:					
a Federal net operating loss. **8a**	◉ ( )		◉		
b Gambling **8b**	◉	◉		◉	◉ 0
c Cancellation of debt. **8c**	◉	◉	◉	◉	◉
d Foreign earned income exclusion from federal Form 2555 . . . . . **8d**	◉ ( )		◉		
e Income from federal Form 8853. . . . . **8e**	◉		◉	◉	◉
f Income from federal Form 8889. . . . . **8f**	◉	◉			
g Alaska Permanent Fund dividends **8g**	◉			◉	◉
h Jury duty pay **8h**	◉			◉	◉
i Prizes and awards. **8i**	◉			◉	◉
j Activity not engaged in for profit income **8j**	◉			◉	◉
k Stock options **8k**	◉		◉	◉	◉
l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property **8l**	◉			◉	◉
m Olympic and Paralympic medals and USOC prize money **8m**	◉			◉	◉
n IRC Section 951(a) inclusion **8n**	◉	◉			
o IRC Section 951A(a) inclusion **8o**	◉	◉			
p IRC Section 461(l) excess business loss adjustment **8p**	◉	◉	◉	◉	◉
q Taxable distributions from an ABLE account. **8q**	◉			◉	◉
r Scholarship and fellowship grants not reported on federal Form(s) W-2. . . . . **8r**	◉			◉	◉
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d **8s**	◉ ( )			◉ ( )	◉ ( )
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan. **8t**	◉			◉	◉
u Wages earned while incarcerated **8u**	◉			◉	◉
v Digital assets received as ordinary income not reported elsewhere. **8v**	◉	◉	◉	◉	◉
z Other income. List type and amount. ◉ _____ **8z**	◉	◉	◉	◉	◉
9 a Total other income. Add line 8a through line 8z **9a**	◉	◉	◉	◉	◉

Section B — Additional Income Continued	A **Federal Amounts** (taxable amounts from your federal tax return)	B **Subtractions** See instructions (difference between CA & federal law)	C **Additions** See instructions (difference between CA & federal law)	D **Total Amounts Using CA Law As If You Were a CA Resident** (subtract col. B from col. A; add col. C to the result)	E **CA Amounts** (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
b1 Disaster loss deduction from form FTB 3805V **9b1**					
b2 NOL deduction from form FTB 3805V . . **9b2**					
b3 NOL deduction from form FTB 3805Z, FTB 3807, or FTB 3809 . . **9b3**					
10 Total. Add Section A, line 1z through line 7a, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b3 (as applicable) in each column. See instructions. **10**			64187	64187	64187
Section C — Adjustments to Income from federal Schedule 1 (Form 1040)					
11 Educator expenses **11**					
12 Certain business expenses of reservists, performing artists, and fee-basis government officials **12**					
13 Health savings account deduction. **13**					
14 Moving expenses. Attach form FTB 3913. See instructions **14**					
15 Deductible part of self-employment tax. See instructions. **15**					
16 Self-employed SEP, SIMPLE, and qualified plans. **16**					
17 Self-employed health insurance deduction. See instructions. **17**					
18 Penalty on early withdrawal of savings **18**					
19 a Alimony paid. **b** Enter recipient's: SSN __ __ __ – __ __ – __ __ __ __ Last name _____ **c** Date of original divorce or separation agreement. See instr. _____ **19a**					
20 IRA deduction **20**					
21 Student loan interest deduction **21**					
22 Reserved for future use **22**					
23 Archer MSA deduction **23**					
24 Other adjustments: **a** Jury duty pay **24a**					
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit **24b**					
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m **24c**					
d Reforestation amortization and expenses. **24d**					
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 . . . . . **24e**					
f Contributions to IRC Section 501(c)(18)(D) pension plans . . **24f**					
g Contributions by certain chaplains to IRC Section 403(b) plans **24g**					
h Attorney fees and court costs for actions involving certain unlawful discrimination claims **24h**					

Section C — Adjustments to Income Continued	A **Federal Amounts** (taxable amounts from your federal tax return)	B **Subtractions** See instructions (difference between CA & federal law)	C **Additions** See instructions (difference between CA & federal law)	D **Total Amounts Using CA Law As If You Were a CA Resident** (subtract col. B from col. A; add col. C to the result)	E **CA Amounts** (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations **24i**					
j Housing deduction from federal Form 2555 . . . . . **24j**					
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) **24k**					
z Other adjustments. List type and amount. _____ **24z**					
25 Total other adjustments. Add line 24a through line 24z **25**					
26 Add line 11 through line 23 and line 25 in each column, A through E **26**					
27 **Total.** Subtract line 26 from line 10 in each column, A through E. See instructions. . . . **27**			64187	64187	64187

Part III Adjustments to Federal Itemized Deductions Check the box if you did NOT itemize for federal but will itemize for California . . . . . ☐	A **Federal Amounts** (from federal Schedule A (Form 1040))	B **Subtractions** See instructions	C **Additions** See instructions
Medical and Dental Expenses See instructions.			
1 Medical and dental expenses . . . . . _____ **1**			
2 Enter amount from federal Form 1040 or 1040-SR, line 11b . . _____ **2**			
3 Multiply line 2 by 7.5% (0.075) . . . . . _____ **3**			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 . . . . . **4**	0		
Taxes You Paid			
5a State and local income tax or general sales taxes. **5a**	2120	2120	
5b State and local real estate taxes **5b**			
5c State and local personal property taxes **5c**			
5d Add line 5a through line 5c. **5d**	2120		
5e Enter the smaller of line 5d or $40,000 ($20,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C **5e**	2120	2120	
6 Other taxes. List type _____ **6**			
7 Add line 5e and line 6 . . . . . **7**	2120	2120	
Interest You Paid			
8a Home mortgage interest and points reported to you on federal Form 1098 . . . . . **8a**			
8b Home mortgage interest not reported to you on federal Form 1098. . . . . **8b**			
8c Points not reported to you on federal Form 1098. . . . . **8c**			
8d Reserved for future use **8d**			
8e Add line 8a through line 8c. **8e**			
9 Investment interest. **9**			
10 Add line 8e and line 9 . . . . . **10**			
Gifts to Charity			
11 Gifts by cash or check **11**			
12 Other than by cash or check. **12**			
13 Carryover from prior year. **13**			
14 Add line 11 through line 13 . . . . . **14**			

Part III Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Casualty and Theft Losses			
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions. . . . **15**			
Other Itemized Deductions			
16 Other—from list in federal instructions. . . . **16**			
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C. . . . **17**	2120	2120	

18 **Total.** Combine line 17 column A less column B plus column C . . . **18**

Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions . . . **19**

20 Tax preparation fees. . . . **20**

21 Other expenses: investment, safe deposit box, etc. List type _____ **21**

22 Add line 19 through line 21 . . . **22**

23 Enter amount from federal Form 1040 or 1040-SR, line 11b _____

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0 . . . **24** 0

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. . . . **25** 0

26 **Total Itemized Deductions.** Add line 18 and line 25. . . . **26**

27 Other adjustments. See instructions. Specify. _____ **27**

28 Combine line 26 and line 27. . . . **28**

29 **Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status?**

Single or married/RDP filing separately . . . **$252,203**
Head of household . . . **$378,310**
Married/RDP filing jointly or qualifying surviving spouse/RDP. . . . **$504,411**

No. Transfer the amount on line 28 to line 29.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29 . . . **29**

30 **Enter the larger of the amount on line 29 or your standard deduction shown below:**

Single or married/RDP filing separately. See instructions. . . . **$5,706**
Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP . . . **$11,412** . . . **30** 5706

Part IV **California Taxable Income**

1 **California AGI.** Enter your California AGI from Part II, line 27, column E . . . **1** 64187

2 Enter your deductions from line 30 . . . **2** 5706

3 **Deduction Percentage.** Divide Part II, line 27, column E by Part II, line 27, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- . . . **3** 1.0000

4 **California Itemized/Standard Deductions.** Multiply line 2 by the percentage on line 3 . . . **4** 5706

5 **California Taxable Income.** Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than zero, enter -0- . . . **5** 58481

TAXABLE YEAR **2025**

Health Coverage Exemptions and Individual Shared Responsibility Penalty

CALIFORNIA FORM **3853**

Attach to your California Form 540, Form 540NR, or Form 540 2EZ.

Name(s) as shown on your California tax return: XINHANG XU

SSN or ITIN: 113-69-2977

Part I **Applicable Household Members.** List all members of your applicable household whether or not they have an exemption or an Exemption Certificate Number (ECN) granted by the Marketplace. See instructions.

	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
1	XINHANG		113-69-2977	06/11/1993	64187
	Last Name: XU		ECN 1	ECN 2	ECN 3
2	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3
3	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3
4	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3
5	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3
6	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3
7	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3
8	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3
9	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3
10	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3
11	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3
12	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3

Part II **Coverage Exemption Claimed on Your Tax Return for Your Household**

1 If you are claiming a coverage exemption because your applicable household income or gross income is below the filing threshold, check the box here. See instructions. . . . . ◉ ☐

Part III **Coverage and Exemptions Claimed on Your Tax Return for Individuals.** If you and/or a member of your applicable household are reporting any coverage or are claiming exemptions for the tax year, complete Part III. See instructions.

			Coverage and Exemption Codes													
			(a) Full-year	(b) Jan	(c) Feb	(d) Mar	(e) Apr	(f) May	(g) June	(h) July	(i) Aug	(j) Sept	(k) Oct	(l) Nov	(m) Dec
1	First Name XINHANG	Initial	E												
	Last Name XU														
2	First Name	Initial													
	Last Name														
3	First Name	Initial													
	Last Name														
4	First Name	Initial													
	Last Name														
5	First Name	Initial													
	Last Name														
6	First Name	Initial													
	Last Name														
7	First Name	Initial													
	Last Name														
8	First Name	Initial													
	Last Name														
9	First Name	Initial													
	Last Name														
10	First Name	Initial													
	Last Name														
11	First Name	Initial													
	Last Name														
12	First Name	Initial													
	Last Name														

Part IV **Individual Shared Responsibility Penalty**

1 Your Individual Shared Responsibility Penalty. Enter on Form 540, line 92; Form 540NR, line 91; or Form 540 2EZ, line 27. See instructions . . . . . ● 1 _____

sprintax

CALIFORNIA STATE TAX RETURN FOR

XINHANG XU

2025

DO NOT MAIL WITH YOUR RETURN

YOUR COPY

RETAIN FOR YOUR RECORDS

TAXABLE YEAR **2025**

California Nonresident or Part-Year Resident Income Tax Return

FORM **540NR**

☐ Check here if this is an AMENDED return. Fiscal year filers only: Enter month of year end: month_____ year 2026.

Your first name	Initial	Last name	Suffix	Your SSN or ITIN
XINHANG		XU		113-69-2977

If joint tax return, spouse's/RDP's first name	Initial	Last name	Suffix	Spouse's/RDP's SSN or ITIN

☐ A ☐ R ☐ RP

Additional information (see instructions) | PBA code

Street address (number and street) or PO box | Apt. no/ste. no. | PMB/private mailbox

1133 OLIVE DR. UNIT 302

City (If you have a foreign address, see instructions) | State | ZIP code

DAVIS | CA | 95616

Foreign country name | Foreign province/state/county | Foreign postal code

Date of Birth

Your DOB (mm/dd/yyyy): 06/11/1993

Spouse's/RDP's DOB (mm/dd/yyyy):

Prior Name

Your prior name (see instructions):

Spouse's/RDP's prior name (see instructions):

Filing Status

If your California filing status is different from your federal filing status, check the box here . . . . . ☐

1 [X] Single

2 [ ] Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.

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 surviving spouse/RDP. Enter year spouse/RDP died. See instructions.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr. . . . . ● 6 ☐

▶ For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

Exemptions

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 in the box. If you checked the box on line 6, see instructions. . ◉ 7 [1] X $153 = ◉ $ 153

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions. . . . . ◉ 8 [ ] X $153 = ◉ $

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. . . . . ● 9 [ ] X $153 = ◉ $

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

	Dependent 1	Dependent 2	Dependent 3
First Name			
Last Name			
SSN. See instructions.			
Dependent's relationship to you			

Total dependent exemptions . . . . . ● 10 [ ] X $475 = ◉ $

COPY

Your name: XINHANG XU Your SSN or ITIN: 113-69-2977

11 **Exemption amount:** Add line 7 through line 10 . . . . . **11** $ 153

Total Taxable Income

12 Total California wages from your federal Form(s) W-2, box 16 . . . . . **12** 64187 .00

13 Enter federal adjusted gross income (AGI) from federal Form 1040, 1040-SR, or 1040-NR, line 11b . . . . . **13** .00

14 California adjustments – subtractions. Enter the amount from Schedule CA (540NR), Part II, 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** 0 .00

16 California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 27, column C . . . . . **16** 64187 .00

17 Adjusted gross income from all sources. Combine line 15 and line 16 . . . . . **17** 64187 .00

18 Enter the **larger** of: Your California **itemized deductions** from Schedule CA (540NR), Part III, line 30; **OR** Your California **standard deduction**. See instructions . . . . . **18** 5706 .00

19 Subtract line 18 from line 17. This is your **total taxable income**. If less than zero, enter -0- . . . . . **19** 58481 .00

CA Taxable Income

31 Tax. Check the box if from: [X] Tax Table [ ] Tax Rate Schedule
● [ ] FTB 3800 ● [ ] FTB 3803 . . . . . **31** 2064 .00

32 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1 . . . . . **32** 64187 .00

35 CA Taxable Income from Schedule CA (540NR), Part IV, line 5 . . . . . **35** 58481 .00

36 CA Tax Rate. Divide line 31 by line 19 . . . . . **36** 0.0353

37 CA Tax Before Exemption Credits. Multiply line 35 by line 36 . . . . . **37** 2064 .00

38 CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000 . . . . . **38** 1.0000

39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than $252,203, see instructions . . . . . **39** 153 .00

40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- . . . **40** 1911 .00

41 Tax. See instructions. Check the box if from: ● [ ] Schedule G-1 ● [ ] FTB 5870A **41** .00

42 Add line 40 and line 41 . . . . . **42** 1911 .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

COPY

Your name: XINHANG XU Your SSN or ITIN: 113-69-2977

Special Credits

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. Attach Schedule P (540NR)			60 .00
61	Nonrefundable Renter's Credit. See instructions			61 .00
62	Add line 50 and line 55 through line 61. These are your total credits			62 .00
63	Subtract line 62 from line 42. If less than zero, enter -0-			63 1911 .00

Other Taxes

71	Alternative Minimum Tax. Attach Schedule P (540NR)	71	.00
72	Behavioral 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	1911 .00

Payments

81	California income tax withheld. See instructions	81	2120 .00
82	2025 California estimated tax and other payments. See instructions	82	.00
83	Withholding (Form 592-B and/or Form 593). See instructions	83	.00
84	Refundable Program 4.0 California Motion Picture and Television Production Credit. See instructions	84	.00
85	Earned Income Tax Credit (EITC). See instructions	85	.00
86	Young Child Tax Credit (YCTC). See instructions	86	.00
87	Foster Youth Tax Credit (FYTC). See instructions	87	.00
88	Add line 81 through line 87. These are your total payments. See instructions	88	2120 .00

ISR Penalty

91	If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage. If you did not check the box, see instructions.		☐
	Individual Shared Responsibility (ISR) Penalty. See instructions	91	.00

Overpaid Tax/Tax Due

92	Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91, subtract line 91 from line 88	92	2120 .00
93	Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88, subtract line 88 from line 91	93	.00
101	Overpaid tax. If line 92 is more than line 74, subtract line 74 from line 92	101	209 .00
102	Amount of line 101 you want applied to your **2026** estimated tax	102	.00
103	Overpaid tax available this year. Subtract line 102 from line 101	103	209 .00

COPY

Your name: XINHANG XU Your SSN or ITIN: 113-69-2977

104 Tax due. If line 92 is less than line 74, subtract line 92 from line 74 . . . . . ◉ **104** .00

Contributions

	Code	Amount
California Seniors Special Fund. See instructions	● **400**	.00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution 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 Voluntary Tax Contribution Fund	● **406**	.00
Emergency Food for Families Voluntary Tax Contribution Fund	● **407**	.00
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund.	● **408**	.00
California Cancer Research Voluntary Tax Contribution Fund	● **413**	.00
School Supplies for Homeless Children Voluntary Tax Contribution Fund	● **422**	.00
State Parks Protection Fund/Parks Pass Purchase	● **423**	.00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund.	● **424**	.00
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	● **431**	.00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	● **438**	.00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund.	● **439**	.00
Mental Health Crisis Prevention Voluntary Tax Contribution Fund.	● **445**	.00
California ALS Research Network Voluntary Tax Contribution Fund.	● **447**	.00
California Pediatric Cancer Research Voluntary Tax Contribution Fund.	● **448**	.00
Parkinson's Disease Research Voluntary Tax Contribution Fund.	● **449**	.00
120 Add amounts in code 400 through code 449. This is your total contribution	● **120**	.00

COPY

Your name: XINHANG XU Your SSN or ITIN: 113-69-2977

Amount You Owe

121 AMOUNT YOU OWE. Add line 93, 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.

Interest and Penalties

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

Refund and Direct Deposit

125 REFUND OR NO AMOUNT DUE. Subtract line 120 from line 103. See instructions.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001**. . . . . ● **125** 209 .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:

● Routing number: 322271627
● Type: [X] Checking [ ] Savings
● Account number: 588556178
● **126** Direct deposit amount: 209 .00

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

● Routing number:
● Type: [ ] Checking [ ] Savings
● Account number:
● **127** Direct deposit amount: .00

Voter Info.

For voter registration information, check the box and go to **sos.ca.gov/elections**. See instructions . . . . . ☐

Health Care Coverage Info.

Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the Franchise Tax Board to share limited information from your tax return with Covered California. See instructions . . . . ◉ ☐ Yes ☐ No

Sign your tax return on Side 6

COPY

Your name: XINHANG XU Your SSN or ITIN: 113-69-2977

IMPORTANT: Attach a copy of your complete federal return.

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

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: 02/16/2026 | Spouse's/RDP's signature (if a joint tax return, both must sign)

Sign Here

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

Joint tax return? See instructions.

◉ Your email address. Enter only one email address.

◉ Preferred phone number

● Print paid preparer's name: ENCHO YORDANOV

● Paid preparer's phone number: 888 203 8900

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): TAXBACK INC

● PTIN: P01474659

Firm's address: 79 MADISON AVENUE, FLOOR 8, NEW YORK, NY 10016-7810

● Firm's FEIN: 20-1184447

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

COPY

TAXABLE YEAR **2025**

California Adjustments — Nonresidents or Part-Year Residents

SCHEDULE **CA (540NR)**

Important: Attach this schedule behind Form 540NR, Side 6 as a supporting California schedule.

Name(s) as shown on tax return: XINHANG XU

SSN or ITIN: 113-69-2977

Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2025.

During 2025:

1 My California (CA) Residency (Check one)

a Myself: ◉ X Nonresident ◉ ___ Part-Year Resident ◉ ___ Resident **b** Spouse: ◉ ___ Nonresident ◉ ___ Resident ◉ ___ Resident

		Yourself	Spouse/RDP
2	**a** I was domiciled in (enter two letter code, see instructions)	F C	__ __
	b I was in the military and stationed in (enter two letter code)	__ __	__ __
3	I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move)	__ __ __ __/__ __/__ __ __ __	__ __ __ __/__ __/__ __ __ __
4	I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move)	__ __ __ __/__ __/__ __ __ __	__ __ __ __/__ __/__ __ __ __
5	I was a CA nonresident the entire year (enter state of residence)	F C	__ __
6	The number of days I spent in CA for any purpose was:	3 6 5	__ __ __
7	I owned a home/property in CA (enter Y for Yes, N for No)	N	__
8	**Before 2025:** I was a CA resident for the period of	__ __/__ __/__ __ __ –	__ __/__ __/__ __ __ –
		__ __/__ __/__ __ __	__ __/__ __/__ __ __

Part II Income Adjustment Schedule

Section A — Income from federal Form 1040 or 1040-SR	A **Federal Amounts** (taxable amounts from your federal tax return)	B **Subtractions** See instructions (difference between CA & federal law)	C **Additions** See instructions (difference between CA & federal law)	D **Total Amounts Using CA Law As If You Were a CA Resident** (subtract col. B from col. A; add col. C to the result)	E **CA Amounts** (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
1 **a** Total amount from federal Form(s) W-2, box 1. See instructions **1a**			64187	64187	64187
b Household employee wages not reported on federal Form(s) W-2. **1b**					
c Tip income not reported on line 1a **1c**					
d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions **1d**					
e Taxable dependent care benefits from federal Form 2441, line 26 **1e**					
f Employer-provided adoption benefits from federal Form 8839, line 31 **1f**					
g Wages from federal Form 8919, line 6 **1g**					
h Other earned income. See instr. Enter type & amount. ◉ _____ **1h**					
i Nontaxable combat pay election. See instr. **1i**					
z Add line 1a through line 1i **1z**			64187	64187	64187
2 Taxable interest. **a** ◉ _____ **2b**					
3 Ordinary dividends. See instr. **a** ◉ _____ **3b**					
4 IRA distributions. See instr. **a** ◉ _____ **4b**					
5 Pensions and annuities. See instr. **a** ◉ _____ **5b**					
6 Social security benefits. **a** ◉ _____ **6b**					
7 **a** Capital gain or (loss). See instructions **7a**					

Section B — Additional Income from federal Schedule 1 (Form 1040)

1 Taxable refunds, credits, or offsets of state and local income taxes. **1**					
2 **a** Alimony received. **b** Date of original divorce or separation agreement. See instr. ◉ _____ **2a**					

Section B — Additional Income Continued	A **Federal Amounts** (taxable amounts from your federal tax return)	B **Subtractions** See instructions (difference between CA & federal law)	C **Additions** See instructions (difference between CA & federal law)	D **Total Amounts Using CA Law As If You Were a CA Resident** (subtract col. B from col. A; add col. C to the result)	E **CA Amounts** (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
3 Business income or (loss). See instructions. . . . **3**					
4 Other gains or (losses) **4**					
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc **5**					
6 Farm income or (loss) **6**					
7 Unemployment compensation **7**					
8 Other income:					
a Federal net operating loss. **8a**	( )				
b Gambling **8b**					0
c Cancellation of debt. **8c**					
d Foreign earned income exclusion from federal Form 2555 . . . . . **8d**	( )				
e Income from federal Form 8853. . . . . **8e**					
f Income from federal Form 8889. . . . . **8f**					
g Alaska Permanent Fund dividends **8g**					
h Jury duty pay **8h**					
i Prizes and awards. **8i**					
j Activity not engaged in for profit income **8j**					
k Stock options **8k**					
l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property **8l**					
m Olympic and Paralympic medals and USOC prize money. **8m**					
n IRC Section 951(a) inclusion **8n**					
o IRC Section 951A(a) inclusion **8o**					
p IRC Section 461(l) excess business loss adjustment **8p**					
q Taxable distributions from an ABLE account. **8q**					
r Scholarship and fellowship grants not reported on federal Form(s) W-2. . . . . **8r**					
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d **8s**	( )			( )	( )
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan. **8t**					
u Wages earned while incarcerated **8u**					
v Digital assets received as ordinary income not reported elsewhere. **8v**					
z Other income. List type and amount. _____ **8z**					
9 a Total other income. Add line 8a through line 8z **9a**					

Section B — Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions (difference between CA & federal law)	C Additions See instructions (difference between CA & federal law)	D Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	E CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
b1 Disaster loss deduction from form FTB 3805V **9b1**					
b2 NOL deduction from form FTB 3805V . . **9b2**					
b3 NOL deduction from form FTB 3805Z, FTB 3807, or FTB 3809 . . **9b3**					
10 **Total**. Add Section A, line 1z through line 7a, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b3 (as applicable) in each column. See instructions. **10**			64187	64187	64187
Section C — Adjustments to Income from federal Schedule 1 (Form 1040)					
11 Educator expenses **11**					
12 Certain business expenses of reservists, performing artists, and fee-basis government officials **12**					
13 Health savings account deduction. **13**					
14 Moving expenses. Attach form FTB 3913. See instructions **14**					
15 Deductible part of self-employment tax. See instructions. **15**					
16 Self-employed SEP, SIMPLE, and qualified plans. **16**					
17 Self-employed health insurance deduction. See instructions. **17**					
18 Penalty on early withdrawal of savings **18**					
19 **a** Alimony paid. **b** Enter recipient's: SSN __ __ __ – __ __ – __ __ __ __ Last name _____ **c** Date of original divorce or separation agreement. See instr. _____ **19a**					
20 IRA deduction **20**					
21 Student loan interest deduction **21**					
22 Reserved for future use **22**					
23 Archer MSA deduction **23**					
24 Other adjustments: **a** Jury duty pay **24a**					
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit **24b**					
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m **24c**					
d Reforestation amortization and expenses. **24d**					
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 . . . . . **24e**					
f Contributions to IRC Section 501(c)(18)(D) pension plans . . **24f**					
g Contributions by certain chaplains to IRC Section 403(b) plans **24g**					
h Attorney fees and court costs for actions involving certain unlawful discrimination claims **24h**					

Section C — Adjustments to Income Continued	A **Federal Amounts** (taxable amounts from your federal tax return)	B **Subtractions** See instructions (difference between CA & federal law)	C **Additions** See instructions (difference between CA & federal law)	D **Total Amounts Using CA Law As If You Were a CA Resident** (subtract col. B from col. A; add col. C to the result)	E **CA Amounts** (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations **24i**					
j Housing deduction from federal Form 2555 **24j**					
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) **24k**					
z Other adjustments. List type and amount. _____ **24z**					
25 Total other adjustments. Add line 24a through line 24z **25**					
26 Add line 11 through line 23 and line 25 in each column, A through E **26**					
27 **Total.** Subtract line 26 from line 10 in each column, A through E. See instructions **27**			64187	64187	64187

Part III Adjustments to Federal Itemized Deductions Check the box if you did NOT itemize for federal but will itemize for California ☐	A **Federal Amounts** (from federal Schedule A (Form 1040))	B **Subtractions** See instructions	C **Additions** See instructions
Medical and Dental Expenses See instructions.			
1 Medical and dental expenses _____ **1**			
2 Enter amount from federal Form 1040 or 1040-SR, line 11b _____ **2**			
3 Multiply line 2 by 7.5% (0.075) _____ **3**			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 **4**	0		
Taxes You Paid			
5a State and local income tax or general sales taxes **5a**	2120	2120	
5b State and local real estate taxes **5b**			
5c State and local personal property taxes **5c**			
5d Add line 5a through line 5c **5d**	2120		
5e Enter the smaller of line 5d or $40,000 ($20,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C **5e**	2120	2120	
6 Other taxes. List type _____ **6**			
7 Add line 5e and line 6 **7**	2120	2120	
Interest You Paid			
8a Home mortgage interest and points reported to you on federal Form 1098 **8a**			
8b Home mortgage interest not reported to you on federal Form 1098 **8b**			
8c Points not reported to you on federal Form 1098 **8c**			
8d Reserved for future use **8d**			
8e Add line 8a through line 8c **8e**			
9 Investment interest **9**			
10 Add line 8e and line 9 **10**			
Gifts to Charity			
11 Gifts by cash or check **11**			
12 Other than by cash or check **12**			
13 Carryover from prior year **13**			
14 Add line 11 through line 13 **14**			

Part III **Adjustments to Federal Itemized Deductions** Continued

		A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Casualty and Theft Losses				
15	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions. 15			
Other Itemized Deductions				
16	Other—from list in federal instructions. 16			
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C. 17	2120	2120	

18 **Total.** Combine line 17 column A less column B plus column C . . . 18

Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions . . . 19

20 Tax preparation fees. . . . 20

21 Other expenses: investment, safe deposit box, etc. List type _____ . . . 21

22 Add line 19 through line 21 . . . 22

23 Enter amount from federal Form 1040 or 1040-SR, line 11b _____

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0 . . . 24 0

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. . . . 25 0

26 **Total Itemized Deductions.** Add line 18 and line 25. . . . 26

27 Other adjustments. See instructions. Specify. _____ . . . 27

28 Combine line 26 and line 27. . . . 28

29 **Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status?**

Single or married/RDP filing separately . . . **$252,203**
Head of household . . . **$378,310**
Married/RDP filing jointly or qualifying surviving spouse/RDP. . . . **$504,411**

No. Transfer the amount on line 28 to line 29.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29 . . . 29

30 **Enter the larger of the amount on line 29 or your standard deduction shown below:**

Single or married/RDP filing separately. See instructions. . . . **$5,706**
Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP . . . **$11,412** . . . 30 5706

Part IV **California Taxable Income**

1 **California AGI.** Enter your California AGI from Part II, line 27, column E . . . 1 64187
2 Enter your deductions from line 30 . . . 2 5706
3 **Deduction Percentage.** Divide Part II, line 27, column E by Part II, line 27, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- . . . 3 1.0000
4 **California Itemized/Standard Deductions.** Multiply line 2 by the percentage on line 3 . . . 4 5706
5 **California Taxable Income.** Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than zero, enter -0- . . . 5 58481

TAXABLE YEAR **2025**

Health Coverage Exemptions and Individual Shared Responsibility Penalty

CALIFORNIA FORM **3853**

Attach to your California Form 540, Form 540NR, or Form 540 2EZ.

Name(s) as shown on your California tax return	SSN or ITIN
XINHANG XU	113-69-2977

Part I **Applicable Household Members.** List all members of your applicable household whether or not they have an exemption or an Exemption Certificate Number (ECN) granted by the Marketplace. See instructions.

	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
1	XINHANG		113-69-2977	06/11/1993	64187
	Last Name: XU		ECN 1	ECN 2	ECN 3
2	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3
3	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3
4	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3
5	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3
6	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3
7	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3
8	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3
9	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3
10	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3
11	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3
12	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3

Part II **Coverage Exemption Claimed on Your Tax Return for Your Household**

1 If you are claiming a coverage exemption because your applicable household income or gross income is below the filing threshold, check the box here. See instructions. . . . . ◉ ☐

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Part III **Coverage and Exemptions Claimed on Your Tax Return for Individuals.** If you and/or a member of your applicable household are reporting any coverage or are claiming exemptions for the tax year, complete Part III. See instructions.

			Coverage and Exemption Codes													
			(a) Full-year	(b) Jan	(c) Feb	(d) Mar	(e) Apr	(f) May	(g) June	(h) July	(i) Aug	(j) Sept	(k) Oct	(l) Nov	(m) Dec
1	First Name XINHANG	Initial	E												
	Last Name XU														
2	First Name	Initial													
	Last Name														
3	First Name	Initial													
	Last Name														
4	First Name	Initial													
	Last Name														
5	First Name	Initial													
	Last Name														
6	First Name	Initial													
	Last Name														
7	First Name	Initial													
	Last Name														
8	First Name	Initial													
	Last Name														
9	First Name	Initial													
	Last Name														
10	First Name	Initial													
	Last Name														
11	First Name	Initial													
	Last Name														
12	First Name	Initial													
	Last Name														

Part IV **Individual Shared Responsibility Penalty**

1 Your Individual Shared Responsibility Penalty. Enter on Form 540, line 92; Form 540NR, line 91; or Form 540 2EZ, line 27. See instructions . . . . . ● 1 _____

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