

First Name Surname XINHANG XU

Selected mailing address 1514 POLE LINE RD

City DAVIS

State/Province, ZIP/Postal Code CA, 95618

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 2024 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.

Τ	ax	Su	mi	ma	rv
				/	-

Filing status	Single
California adjusted gross income	48637
California taxable income	43097
Amount you owe	832

### How much California tax do I owe?

Your return shows a balance due of \$832.

### How do I make payment?

If you are paying California State income tax by check or money order, make your check or money order payable to the "Franchise Tax Board" for this amount. Write your SSN or ITIN and "California Form 540NR" on the check or money order.

Alternatively, you can pay the balance due electronically. Go to that link for more information.

### 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 942867
SACRAMENTO, CA 94267-0001
USA

# sprintax

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

Sincerely,

The Sprintax team

# DO NOT MAIL WITH YOUR RETURN



### 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	

- 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).
- 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 942867
SACRAMENTO, CA 94267-0001
USA



# 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.

### 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.

### 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.

# sprintax

# CALIFORNIA STATE TAX RETURN FOR

XINHANG XU

# DO NO MAIL STATE FILING COPY SUBMIT TO THE CALIFORNIA TAX OFFICE RETURN

2024

# **California Nonresident or Part-Year Resident Income Tax Return**

FORM	
540NF	R

	Ch	eck here if t	his i	is an AMEN	IDED i	eturn			Fiscal y	ear filers	only: Ente	er moi	nth of y	ear en	d: month	yea	r 2025.
Your f	rst na	ıme			Initial	Last n	ame					Suffix		Your SS	N or ITIN		
XINI	IAN	3				XU								113-69	9-2977		A
If joint	tax r	eturn, spouse's	/RDF	's first name	Initial	Last n	ame					Suffix		Spouse's	s/RDP's SSN or ITIN	<u> </u>	R
Additi	onal i	nformation (see	inst	ructions)											PBA code		
Street	addr	ess (number ar	nd str	eet) or PO box	(							Apt.	no/ste. n	0.	PMB/private mail	box	RP
1514	PO	LE LINE RD															
City (I	f you	have a foreign	addre	ess, see instru	ctions)							;	State	ZIP code	)		
DAV	IS												CA	95618			
Foreig	ın col	intry name						Foreign	n province/	state/count	ty				Foreign postal cod	е	
٩٥		Your DOB (n	nm/o	dd/yyyy)						Spouse	e's/RDP's D	00B (m	ım/dd/y	VVV)			
Date of Birth		06/11/1993		33337						, [				,			
				/!t	4: \					0	-1- (DDD1				4! N		
Prior Name		Your prior na	ame	(see instruct	tions)				7	Spouse	e's/RDP's p	rior na	me (see	nstruc	tions)	1	
ďχ	•									)							
Filing Status	2 3	only o	ied/F one : nstrı	RDP filing joi spouse/RDP uctions. RDP filing se	had inc	come)			Qualifying See instru	surviving	(with qualif g spouse/RI ove and full	DP. Ent	ter year				
	6	If someone of	can (	claim you (oı	r your s	pouse	e/RDP) a	ıs a dep	endent, d	heck the	box here. S	See ins	tr	• 6	<b>i</b>		
_	For	line 7, line 8,	line	9. and line 1	0: Multi	ply the	e numbe	r vou e	nter in the	box by tl	he pre-print	ted dol	lar amo	unt for th	nat line.		
		Personal: If						•		•	p. o p				Who	le dolla	rs only
	-	checked box	-							-	ns. <b>• 7</b>	1 X	\$149	= • \$			149
	8	Blind: If you	•		,		-				[	<u> </u>		O +			
	9	if both are vi <b>Senior:</b> If yo		-							8	X	\$149	= • \$			
	9	if both are 65									9	X	\$149	<b>= (•)</b> \$			
suc	10	Dependents	: Do	not include	yourse	lf or y	our spoi	use/RD	P.			^	ψσ		L1.0		
Exemptions		First Name		Dependent 1					Depend	ent 2				Depend	ient 3		
кеш		First Name	$\odot$														
Ш		Last Name	•														
		<b>SSN.</b> See instructions.	•										_ •	•			
		Dependent's relationship to you	•														
	Total	dependent ex	xemį	otions						• 1	10	X \$	461 =	• \$			

You	r nar	me: XINHANG XU Your SSN or ITIN: 113-69-2977	
	11	Exemption amount: Add line 7 through line 10	• 11 \$
Total Taxable Income	12	Total California wages from your federal Form(s) W-2, box 16	.00
	13 14 15 16	Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11	<ul> <li>13</li> <li>.00</li> <li>14</li> <li>.00</li> <li>15</li> <li>0</li> <li>.00</li> <li>48637</li> <li>.00</li> </ul>
	17 18 19	Subtract line 18 from line 17. This is your <b>total taxable income</b> . If less than zero,	<ul> <li>■ 17</li> <li>■ 18</li> <li>■ 5540</li> <li>■ 00</li> <li>■ 43097</li> <li>■ 00</li> </ul>
	31	Tax. Check the box if from:	
	32	FTB 3800 FTB 3803  CA adjusted gross income from Schedule CA (540NR), Part IV, line 1	• 31 1164 . 00
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 5	• <b>35</b> 43097 .00
come	36	CA Tax Rate. Divide line 31 by line 19	
able In	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	<ul><li>37</li><li>1164</li><li>00</li></ul>
CA Taxable Income	38 39	CA Exemption Credit Percentage. Divide line 35 by line 19.  If more than 1, enter 1.0000	<ul><li>39</li><li>149</li><li>00</li></ul>
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0	<ul><li>40</li><li>1015</li><li>00</li></ul>
	41	Tax. See instructions. Check the box if from: ● Schedule G-1 ● FTB 5870A	• 4100
	42	Add line 40 and line 41	• 42 1015 .00
Special Credits	50 51	Nonrefundable Child and Dependent Care Expenses Credit. See instructions.  Attach form FTB 3506	• 50
	52 53 54	Credit for dependent parent. See instructions • 52  Credit for senior head of household.  See instructions • 53  Credit percentage. Enter the amount from line 38 here.  If more than 1, enter 1.0000. See instructions • 54	.00
	55	Credit amount. See instructions	• 55

71 Alternative Minimum Tax. Attach Schedule P (540NR)	
To claim more than two credits, see instructions. Attach Schedule P (540NR) 60  61 Nonrefundable Renter's Credit. See instructions 61  62 Add line 50 and line 55 through line 61. These are your total credits 62  63 Subtract line 62 from line 42. If less than zero, enter -0 63  71 Alternative Minimum Tax. Attach Schedule P (540NR) 71  72 Mental Health Services Tax. See instructions 72  73 Other taxes and credit recapture. See instructions 73  74 Add line 63, line 71, line 72, and line 73. This is your total tax 74  81 California income tax withheld. See instructions 81  82 2024 California estimated tax and other payments. See instructions 82  83 Withholding (Form 592-B and/or Form 593). See instructions 83  84 Reserved for future use 84  85 Earned Income Tax Credit (EITC). See instructions 85  86 Young Child Tax Credit (FYTC). See instructions 85  87 Foster Youth Tax Credit (FYTC). See instructions 86  88 Add line 81 through line 87. These are your total payments. See instructions 86  87 Foster Youth Tax Credit (FYTC). See instructions 87  88 Add line 81 through line 87. These are your total payments. See instructions 87  89 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. Individual Shared Responsibility (ISR) Penalty. See instructions 91  90 Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91,	.00
Subtract line 62 from line 42. If less than zero, enter -0	.00
Subtract line 62 from line 42. If less than zero, enter -0	.00
Subtract line 62 from line 42. If less than zero, enter -0	.00
Subtract line 62 from line 42. If less than zero, enter -0	.00
71 Alternative Minimum Tax. Attach Schedule P (540NR).   72 Mental Health Services Tax. See instructions   73 Other taxes and credit recapture. See instructions   74 Add line 63, line 71, line 72, and line 73. This is your total tax.   75 Tax Add line 63, line 71, line 72, and line 73. This is your total tax.   76 Add line 63, line 71, line 72, and line 73. This is your total tax.   77 Tax Add line 63, line 71, line 72, and line 73. This is your total tax.   78 Tax Add line 63, line 71, line 72, and line 73. This is your total tax.   79 Tax Add line 63, line 71, line 72, and line 73. This is your total tax.   79 Tax Add line 63, line 71, line 72, and line 73. This is your total tax.   79 Tax Add line 63, line 71, line 72, and line 73. This is your total tax.   70 Tax Add line 63, line 71, line 72, and line 73. This is your total tax.   70 Tax Add line 63, line 71, line 72, and line 73. This is your total tax.   70 Tax Add line 63, line 71, line 72, and line 73. This is your total tax.   71 Tax Add line 63, line 71, line 72, and line 73. This is your total tax.   71 Tax Add line 63, line 71, line 72, and line 73. This is your total tax.   71 Tax Add line 63, line 71, line 72, and line 73. This is your total tax.   72 Tax Add line 63, line 71, line 72, and line 73. This is your total tax.   73 Tax Add line 63, line 71, line 72, and line 73. This is your total tax.   74 Tax Add line 63, line 71, line 72, and line 73. This is your total tax.   74 Tax Add line 81 tax and other payments. See instructions.   85 Tax Add line 81 through line 87. These are your total payments. See instructions.   86 Tax Foster Youth Tax Credit (FYTC). See instructions.   87 Tax Add line 81 through line 87. These are your total payments. See instructions.   88 Tax Add line 81 through line 87. These are your total payments. See instructions.   89 Tax Add line 81 through line 87. These are your total payments. See instructions.   80 Tax Add line 81 through line 87. These are your total payments. See instructions.   81 Tax Add line 81 throug	15 .00
The second of th	
74 Add line 63, line 71, line 72, and line 73. This is your total tax	
74 Add line 63, line 71, line 72, and line 73. This is your total tax	
81 California income tax withheld. See instructions	
82 2024 California estimated tax and other payments. See instructions.  83 Withholding (Form 592-B and/or Form 593). See instructions.  84 Reserved for future use.  85 Earned Income Tax Credit (EITC). See instructions.  86 Young Child Tax Credit (YCTC). See instructions.  87 Foster Youth Tax Credit (FYTC). See instructions.  88 Add line 81 through line 87. These are your total payments. See instructions.  89 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.  89 Individual Shared Responsibility (ISR) Penalty. See instructions.  90 Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91,	15 .00
82 2024 California estimated tax and other payments. See instructions.  83 Withholding (Form 592-B and/or Form 593). See instructions.  84 Reserved for future use.  85 Earned Income Tax Credit (EITC). See instructions.  86 Young Child Tax Credit (YCTC). See instructions.  87 Foster Youth Tax Credit (FYTC). See instructions.  88 Add line 81 through line 87. These are your total payments. See instructions.  89 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.  89 Individual Shared Responsibility (ISR) Penalty. See instructions.  90 Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91,	33 .00
83 Withholding (Form 592-B and/or Form 593). See instructions.  84 Reserved for future use.  85 Earned Income Tax Credit (EITC). See instructions.  86 Young Child Tax Credit (YCTC). See instructions.  87 Foster Youth Tax Credit (FYTC). See instructions.  88 Add line 81 through line 87. These are your total payments. See instructions.  88 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.  89 Individual Shared Responsibility (ISR) Penalty. See instructions.  90 Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91,	.00
84 Reserved for future use	.00
86 Young Child Tax Credit (YCTC). See instructions	
86 Young Child Tax Credit (YCTC). See instructions	.00
87 Foster Youth Tax Credit (FYTC). See instructions	.00
Add line 81 through line 87. These are your total payments. See instructions	.00
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	83 .00
92 Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91,	
92 Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91,	
93 Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88, subtract line 88 from line 91.	83 .00
To a supermind to will line 00 in more than line 74 subtract line 74 from line 00	.00
101 Overpaid tax. If line 92 is more than line 74, subtract line 74 from line 92 101	.00
102 Amount of line 101 you want applied to your 2025 estimated tax	.00
103 Overpaid tax available this year. Subtract line 102 from line 101	<b>.</b> 00

333 3133243 Form 540NR 2024 **Side 3** 

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

Code	Amount
California Seniors Special Fund. See instructions • 400	.00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	.00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program • 403	.00
California Breast Cancer Research Voluntary Tax Contribution Fund	.00
California Firefighters' Memorial Voluntary Tax Contribution Fund	.00
Emergency Food for Families Voluntary Tax Contribution Fund • 407	.00
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund • 408	.00
California Sea Otter Voluntary Tax Contribution Fund	. 00
California Cancer Research Voluntary Tax Contribution Fund	.00
School Supplies for Homeless Children Voluntary Tax Contribution Fund • 422	. 00
State Parks Protection Fund/Parks Pass Purchase	. 00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund • 424	. 00
Keep Arts in Schools Voluntary Tax Contribution Fund • 425	. 00
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund • 431	.00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	.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
<b>120</b> Add amounts in code 400 through code 447. This is your total contribution	.00

You	r nan	ne: XINHANG XU	Your SSN or ITIN:	113-69-2977						
Amount You Owe	121	21 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  Pay Online – Go to ftb.ca.gov/pay for more information.								
Interest and Penalties	123	Interest, late return penalties, and late pay Underpayment of estimated tax.  Check the box:   FTB 5805 attack  Total amount due. See instructions. Enclose	ment penalties	F attached	• 123	.00				
	125	REFUND OR NO AMOUNT DUE. Subtract	line 120 from line 103.	See instructions.						
		Mail to: <b>Franchise Tax Board</b> , <b>PO BOX</b>	( 942840, SACRAMENT	O CA 94240-0001	• 125	_ 00				
Refund and Direct Deposit	Fill in the information to authorize direct deposit of your refund into one or two accounts. <b>Do not</b> attach a voided check or a deposit slip. See instructions. <b>Have you verified the routing and account numbers?</b> Use whole dollars only.  All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:  Type  Checking  Savings  The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:									
Re		● Routing number	Account number	· 		• 127 Direct deposit amount				
Voter Info.		For voter registration information, check t	he box and go to <b>sos.ca</b>	a.gov/elections. See	instructions					
Health Care Coverage Info.		Do you want information on no-cost or low the FTB to share limited information from								

Sign your tax return on Side 6

Form 540NR 2024 **Side 5** 

Your name:	XINHANG XU	Your SSN or ITIN:	113-69-2977	_
	Av. 1			
	Attach a copy of your complete feder			
Our privacy notice to locate FTB 113	e can be found in annual tax booklets or on 11 EN-SP, Franchise Tax Board Privacy Notic	line. Go to <b>ftb.ca.gov/privac</b> ce on Collection. To request t	<b>y</b> to learn about our privac his notice by mail, call 800	acy policy statement, or go to <b>ftb.ca.gov/forms</b> and search for <b>113</b> 1 00.338.0505 and enter form code <b>948</b> when instructed.
Under penalties is true, correct, a		this tax return, including ac	ccompanying schedules a	s and statements, and to the best of my knowledge and belief, it
Your signature		Date	Spous	use's/RDP's signature (if a joint tax return, both must sign)
		03/10/20	)25	
	Your email address. Enter only one	email address.		Preferred phone number
Sign				
Here	Paid preparer's signature (declaration	of preparer is based on al	ll information of which բ	preparer has any knowledge)

to forge a spouse's/ RDP's signature.

It is unlawful

Joint tax return?
See instructions.

03/10/2025	
Your email address. Enter only one email address.	Preferred phone number
Paid preparer's signature (declaration of preparer is based on all information of v	which preparer has any knowledge)
Illew f.	
Firm's name (or yours, if self-employed)	• PTIN
Firm's address	● Firm's FEIN
Do you want to allow another person to discuss this tax return with us? Se	e instructions • Yes No
Print Third Party Designee's Name	Telephone Number

#### SCHEDULE

### California Adjustments — Nonresidents or Part-Year Residents

Important: Attach this schedule behind Form 540NR, Side 6 as a supporting California schedule. Name(s) as shown on tax return SSN or ITIN 113-69-2977 Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2024. **During 2024:** 1 My California (CA) Residency (Check one) a Myself: 

X Nonresident 
Part-Year Resident 
Resident **b** Spouse: Nonresident Part-Year Resident Yourself 2 a I was domiciled in (enter two letter code, see instructions) . . . . . . . . . . . . . . . . . <u>F\_C</u> 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). I was a CA nonresident the entire year (enter state of residence)...... <u>F</u> <u>C</u>  $\odot$ <u>3</u> <u>0</u> <u>5</u> I owned a home/property in CA (enter Y for Yes, N for No) ...... N **Before 2024:** I was a CA resident for the period of ........ C Part II Income Adjustment Schedule n Section A — Income Federal Amounts Subtractions Additions **Total Amounts CA Amounts** See instructions (taxable amounts from See instructions **Using CA Law** (income earned or from federal Form 1040 or 1040-SR vour federal tax return) (difference between (difference between As If You Were a received as a CA CA & federal law) CA & federal law) **CA Resident** resident and income (subtract col. B from earned or received col. A; add col. C from CA sources to the result) as a nonresident) **1 a** Total amount from federal Form(s) W-2, • 48637 48637 **b** Household employee wages not reported  $\odot$  $\odot$ (ullet)on federal Form(s) W-2.....1b c Tip income not reported on line 1a.....1c lacksquare $\odot$  $\odot$  $\odot$ **d** Medicaid waiver payments not reported  $\odot$ lacksquareon federal Form(s) W-2. See instructions . 1d **e** Taxable dependent care benefits from  $\odot$ leftonlacksquarelacksquarelacksquarefederal Form 2441, line 26 . . . . . . . . . 1e **f** Employer-provided adoption benefits lacksquare $\odot$ from federal Form 8839, line 29 . . . . . . . . . 1f q Wages from federal Form 8919, line 6 . . . 1q  $\odot$  $\odot$  $\odot$  $\odot$  $\odot$ h Other earned income. See instructions . . . 1h (ullet) $\odot$  $\odot$ (ullet)i Nontaxable combat pay election. z Add line 1a through line 1i . . . . . . . . . . . . . . . . 1z  $\odot$ lacksquare $\odot$ 48637 48637 48637 Taxable interest. **a** • (ullet)lacksquare $\odot$  $\odot$  $\odot$ Ordinary dividends. See inst. . . . . a lacksquare $\odot$  $\odot$ 4 IRA distributions. See inst. . . . a lacksquare $\odot$ lacksquare5 Pensions and annuities. See instr.... a 6 Social security benefits. . . . . a • (ullet)lacksquare7 Capital gain or (loss). See instructions . . . . 7 Section B — Additional Income from federal Schedule 1 (Form 1040) Taxable refunds, credits, or offsets of state 2 a Alimony received. See instructions. . . . . 2a

		A	В	С	D	E
Se	ection B — Additional Income Continued	Federal Amounts (taxable amounts from your federal tax return)		Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
3	3 Business income or (loss). See instructions 3	•	•	•	•	•
4	3 ( ,	•	•	•	•	•
5	<ul><li>Rental real estate, royalties, partnerships,</li><li>S corporations, trusts, etc</li></ul>	<b>.</b>		•		
6		_	•	•	•	•
_	7 Unemployment compensation	_	•			
8						
U	a Federal net operating loss	Ba ( )				
	<b>b</b> Gambling		•		•	•
	c Cancellation of debt		•	•	•	•
	d Foreign earned income exclusion					
	from federal Form 2555			•		
	e Income from federal Form 88538	_		•	•	•
	f Income from federal Form 8889	Bf 💽	•			
	g Alaska Permanent Fund dividends 8	8g 💽			•	•
	h Jury duty pay8	Sh 💿			•	•
	i Prizes and awards	Bi 💽			•	•
	j Activity not engaged in for profit income 8	Bj 💽			•	•
	k Stock options	Sk 💿		•	•	•
	I 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				•	•
	and USOC prize money	Sm 🕑			•	•
	n IRC Section 951(a) inclusion 8	Sn 💽	•			
	o IRC Section 951A(a) inclusion 8	Bo 💽	•			
	p IRC Section 461(I) excess business loss adjustment	Sp 💿	•	•	•	•
	q Taxable distributions from an ABLE account	Bq 💿			•	•
		er •			•	•
		ds • (			• (	• (
	t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan	it			•	•
	u Wages earned while incarcerated 8	Bu 💽			•	•
	v Digital assets received as ordinary income not reported elsewhere 8	Bv •	•	•	•	•
	z Other income. List type and amount.					
	•	Bz 🗨		•		
9	9 a Total other income. Add line 8a					
	through line 8z	)a 💽	•	•	•	•

		Α	В	С	D	E
Sec	Continued	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	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		•		•	•
	b2 NOL deduction from form FTB 3805V		•		•	•
	h3 NOL deduction from form FTB 3805Z, FTB 3807, or FTB 3809 9h3		•		•	•
10	Total. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b3 (as applicable) in each column.  See instructions	•	•	<ul><li>48637</li></ul>	<ul><li>48637</li></ul>	<ul><li>48637</li></ul>
Sec	ction C — Adjustments to Income from federal Schedule 1 (Form 1040)			10001		
11	Educator expenses	•	lacktriangle			
12	Certain business expenses of reservists, performing artists, and fee-basis government officials	•	•	•	•	•
	- 1	•	•			
		•		•	•	•
		•	•		•	•
	· · ·	•			•	•
17	Self-employed health insurance deduction. See instructions	•	•		•	•
	Penalty on early withdrawal of savings <b>18 a</b> Alimony paid. <b>b</b> Enter recipient's:	•			•	•
	SSN •			•	•	•
20			•	•	<u> </u>	•
		<u>●</u>		•	•	•
	Reserved for future use	9				
	Archer MSA deduction	•			•	•
	Other adjustments:  a Jury duty pay	_			•	•
	b Deductible expenses related to income reported on line 8I from the rental of personal property engaged in for profit		•	•	•	•
	profit	_	<ul><li>O</li><li>O</li></ul>			
	d Reforestation amortization and expenses		<u> </u>		•	•
	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	_			•	•

		A	В	C	D	E
Sec	tion C — Adjustments to Income Continued	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	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	•	•			
	j Housing deduction from federal Form 255524j	•	•			
	k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)	•			•	•
	<b>z</b> Other adjustments. List type and amount.					
	<b>●</b> 24z	•		•	•	
25	Total other adjustments. Add line 24a	•	•	•	•	•
26	through line 24z					
	each column, A through E 26	•	•	•	•	•
27	<b>Total.</b> Subtract line 26 from line 10 in each column, A through E. See instructions <b>27</b>	•	•	4863	48637	<ul><li>4863</li></ul>
	rt III Adjustments to Federal Itemized Dedu	rtions		↑ Federal Amounts	B Subtractions See instructions	♠ Additions
	ck the box if you did NOT itemize for federal but wil			(from federal Schedule A (Form 1040		See instructions
	dical and Dental Expenses See instructions.			1		1
1	Medical and dental expenses					
2	Enter amount from federal Form 1040 or 1040	-SR, line 11 🍑	:	2		
3	Multiply line 2 by 7.5% (0.075)			3		
4	Subtract line 3 from line 1. If line 3 is more that	ın line 1, enter 0		1 💿	0	<u> </u>
Tax	es You Paid					
5a	State and local income tax or general sales tax				3 183	
5b	State and local real estate taxes					
5c	State and local personal property taxes					
5d	Add line 5a through line 5c			18	3	
5e	Enter the smaller of line 5d or \$10,000 (\$5,000		tely) in column A.			
	Enter the amount from line 5a, column B in line Enter the difference from line 5d and line 5e, co		mn C 50	18	3	
6	_			5 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	<u> </u>	•
7	Add line 5e and line 6				3	_
Inte	rest You Paid			.,,	10	
8a	Home mortgage interest and points reported to	you on federal Form	1098			•
8b	Home mortgage interest not reported to you or					•
8c	Points not reported to you on federal Form 109	98	8	•		•
8d	Reserved for future use		8	i		
8e	Add line 8a through line 8c	•	•	•		
9	Investment interest	•	•	•		
10	Add line 8e and line 9		10		•	•
Giff						
11	Gifts by cash or check		-		•	•
	and the second second				•	•
12	Other than by cash or check					
	Other than by cash or check			<b>9</b>	<b>O</b>	<ul><li>O</li><li>O</li><li>O</li></ul>

Pa	rt III Adjustments to Federal Itemized Deductions		Federal Amounts (from federal Schedule A (Form 1040))	В	Subtractions See instructions	C	Additions See instructions
_	Continued	$\perp$	(Form 1040))				
	ualty and Theft Losses	$\overline{}$				I	
15	Casualty or theft loss(es) (other than net qualified disaster losses).	_					
046	Attach federal Form 4684. See instructions	5 (	<u>•</u> )	•		<b>O</b>	
_	Other from list in federal instructions		<u> </u>				
16 17	Other—from list in federal instructions	_	<u> </u>	<u>•</u>		<u>•</u>	
	Add lines 4, 7, 10, 14, 13, and 10 in coldinis A, b, and c	1	<u> </u>		183		
18	<b>Total.</b> Combine line 17 column A less column B plus column C						
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	9 [					
20	Tax preparation fees	0					
21	Other expenses: investment, safe deposit box, etc. List type    2	1 _					
22	Add line 19 through line 21	2					
23	Enter amount from federal Form 1040 or 1040-SR, line 11 💿	Г					
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0	_	0				
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0				25		0
26	<b>Total Itemized Deductions.</b> Add line 18 and line 25.				26		
27	Other adjustments. See instructions. Specify.				② 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 Single or married/RDP filing separately	\$24 \$36	14,857 67,291				
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (54)	10N	R), 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				(A) 20		5540
							3340
	rt IV California Taxable Income	_					
1	California AGI. Enter your California AGI from Part II, line 27, column E         Enter your deductions from line 30						48637
2	<b>Deduction Percentage.</b> Divide Part II, line 27, column E by Part II, line 27, column D. Carr				5540		
U	to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0-			L	0 0 0 0		
4	California Itemized/Standard Deductions. Multiply line 2 by the percentage on line 3						5540
5	<b>California Taxable Income.</b> Subtract line 4 from line 1. Transfer this amount to Form 540N zero, enter -0-	۱R,	line 35. If less than		_		43097

2024

### CALIFORNIA FORM

# Health Coverage Exemptions and Individual Shared Responsibility Penalty

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 1** 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  • XINHANG	Initial	SSN ● 113-69-2977	Date of Birth (mm/dd/yyyy)  • 06/11/1993	Modified AGI  ● 48637
1	Last Name • XU		ECN 1	ECN 2	ECN 3
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
2	Last Name		ECN 1	ECN 2	ECN 3
_	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
3	Last Name	ļ	ECN 1	ECN 2	ECN 3 ●
	First Name ●	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
4	Last Name     Output   Description:		ECN 1	ECN 2	ECN 3
_	First Name ●	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
5	Last Name     Output   Description:		ECN 1	ECN 2 ●	ECN 3 ●
_	First Name ●	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
6	Last Name    Output  Description:		ECN 1	ECN 2 ●	ECN 3 ●
_	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
7	Last Name     Output   Description:		ECN 1  ●	ECN 2 ●	ECN 3
_	First Name  •	Initial	SSN ●	Date of Birth (mm/dd/yyyy)	Modified AGI
8	Last Name		ECN 1 ●	ECN 2 ●	ECN 3
_	First Name	Initial	SSN ●	Date of Birth (mm/dd/yyyy)	Modified AGI
9	Last Name  •		ECN 1 ●	ECN 2 ●	ECN 3
40	First Name	Initial	SSN ●	Date of Birth (mm/dd/yyyy)	Modified AGI
10	Last Name		ECN 1 ●	ECN 2 ●	ECN 3
	First Name	Initial	SSN ●	Date of Birth (mm/dd/yyyy)	Modified AGI
11	Last Name  •		ECN 1 ●	ECN 2	ECN 3 ●
	First Name	Initial	SSN ●	Date of Birth (mm/dd/yyyy)	Modified AGI
12	Last Name  •	,	ECN 1	ECN 2	ECN 3 ●

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

 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	(I) Nov	(m) Dec
_	First Name  XINHANG	Initial	<b>⊚</b> E	•	•	•	•	•	•	•	•	•	•	•	•
1	Last Name  XU			•	•	•	•	•	•	•	•	•	•	•	•
_	First Name  Initial		•	•	•	•	•	•	•	•	•	•	•	•	•
2	Last Name		•	•	•	•	•	•	•	•	•	•	•	•	
_	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
3	Last Name		•	•	•	•	•	•	•	•	•	•	•	•	
	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
4	Last Name			•	•	•	•	•	•	•	•	•	•	•	•
	First Name	Initial		•	•	•	•	•	•	•	•	•	•	•	•
5	Last Name			•	•	•	•	•	•	•	•	•	•	•	•
6	First Name	Initial		•	•	•	•	•	•	•	•	•	•	•	•
	Last Name		•	•	•	•	•	•	•	•	•	•	•	•	
	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
7	Last Name			•	•	•	•	•	•	•	•	•	•	•	•
	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
8	Last Name	1		•	•	•	•	•	•	•	•	•	•	•	•
	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
9	Last Name	1		•	•	•	•	•	•	•	•	•	•	•	•
	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
10	Last Name		1	•	•	•	•	•	•	•	•	•	•	•	•
	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
11	Last Name		1	•	•	•	•	•	•	•	•	•	•	•	•
	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
12	Last Name	1	1	•	•	•	•	•	•	•	•	•	•	•	•

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	

# sprintax

# CALIFORNIA STATE TAX RETURN FOR

# DO NINHANG XU MATL 2024 VITH YOUR

YOUR COPY

RETAIN FOR YOUR RECORDS

2024

# **California Nonresident or Part-Year Resident Income Tax Return**

FORM	
540NR	

	Ch	eck here if this is an AMEN	DED	return. Fiscal yea	r filers only: Ente	r month of y	ear end:	monthy	ear 2025.
Your fi	rst na	ame	Initial	Last name		Suffix	Your SSN	or ITIN	<u> </u>
XINI	IANC	G		XU			113-69-2	2977	_   A
If joint	tax re	eturn, spouse's/RDP's first name	Initial	Last name		Suffix	Spouse's/F	RDP's SSN or ITIN	$\neg   \Box \rangle_{\mathbf{R}}$
									] <u> </u> "
Additio	onal i	nformation (see instructions)						PBA code	_
Street	addr	ess (number and street) or PO box				Apt. no/ste. no	D.	PMB/private mailbox	_     <b>RP</b>
1514	POI	LE LINE RD							
City (I	f you	have a foreign address, see instruc	ctions)			State	ZIP code		_
DAV	IS					CA	95618		
Foreig	n cou	ıntry name		Foreign province/sta	ate/county		F	Foreign postal code	
<u></u>		Your DOB (mm/dd/yyyy)			Spouse's/RDP's D(	DP (mm/dd/u	000		
Date of Birth	_			_	Spouse s/hbr s bo	JB (IIIII/du/y	ууу)		
<u></u>	•	06/11/1993		•					
o ne		Your prior name (see instruct	ions)		Spouse's/RDP's pri	or name (see	instructio	ons)	
Prior Name	•			•					
Filing Status	2	Married/RDP filing joir only one spouse/RDP See instructions.  Married/RDP filing sep	had in				spouse/R	DP died.	
	6	If someone can claim you (or	vour s	spouse/RDP) as a dependent, ch	eck the box here. Se	ee instr	• 6		
		,		iply the number you enter in the b				t line.	
				r 4 above, enter 1 in the box. If y		_		Whole do	ollars only
		checked box 2 or 5, enter 2. If	you c	hecked the box on line 6, see ins		1 X \$149	<b>= •</b> \$		149
		Blind: If you (or your spouse/					$\bigcirc$ $\downarrow$ $\Gamma$		
		<b>Senior:</b> If you (or your spouse		See instructions		X \$149	= • \$ _		
		if both are 65 or older, enter 2			9	X \$149	= ( \$		
Suc	10	Dependents: Do not include		If or your spouse/RDP.			_	-4.2	
Exemptions		Dependent 1		Depender	12		Depende	III 3	
Kem		First Name		•			)		
ω̂		Last Name		•		•			
		SSN. See instructions.							
		Dependent's relationship to you		•		•			
-	Total	•			• 10	X \$461 = <sup>(</sup>	•) \$ <b>_</b>		
	otai	aspondont oxomptions			🛨 10	Λ Ψ <del>Τ</del> ΟΙ – \	<b>~</b> ₹ ∟		

You	r nar	me: XINHANG XU Your SSN or ITIN: 113-69-2977		
	11	Exemption amount: Add line 7 through line 10	• 11	\$ 149
	12	Total California wages from your federal Form(s) W-2, box 16	_00	
Total Taxable Income	13 14 15 16	Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11	<ul> <li>13</li> <li>14</li> <li>15</li> <li>16</li> </ul>	00 0 00 48637 00
<u></u>	17 18 19	Adjusted gross income from all sources. Combine line 15 and line 16	<ul><li>17</li><li>18</li><li>19</li></ul>	48637 . 00 5540 . 00 43097 . 00
	31	Tax. Check the box if from:		
	32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 1	• 31 • 00	1164 . 00
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 5.	• 35	43097 .00
CA Taxable Income	36	CA Tax Rate. Divide line 31 by line 19		
able Ir	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	<ul><li>37</li></ul>	1164 . 00
CA Tax	38	CA Exemption Credit Percentage. Divide line 35 by line 19.  If more than 1, enter 1.0000		
J	39	CA Prorated Exemption Credits. Multiply line 11 by line 38.  If the amount on line 13 is more than \$244,857, see instructions	<ul><li>39</li></ul>	149 .00
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0	<ul><li>40</li></ul>	1015 .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	1015
Special Credits	50 51 52 53 54	Nonrefundable Child and Dependent Care Expenses Credit. See instructions.  Attach form FTB 3506	• 50 • 00 • 00	. 00
	55	Credit amount. See instructions	• 55	. 00

You	r nar	ne:	XINHANG X	(U	Your SSN	or ITIN:	113-69-	2977				
	58	Enter	credit name			code •		and amoun	it •	58		00
	59	Enter	credit name			code •		and amoun	it •	59		00
Special Credits	60	To claim more than two credits, see instructions. Attach Schedule P (540NR)										00
cial C	61	Nonr	efundable Re	nter's Credit. See ins	structions					61		00
Spe	62	Add	line 50 and lin	ne 55 through line 6	I. These are your	total cred	its		•	62		00
	63	Subt	ract line 62 fr	om line 42. If less th	an zero, enter -0				•	63	1015	00
												<u> </u>
es	71	Alter	native Minimu	um Tax. Attach Sche	•	71		00				
Other Taxes	72	Ment	tal Health Serv	vices Tax. See instru	•	72		00				
Othe	73	Othe	r taxes and cr	redit recapture. See	•	73	-[	00				
	74	Add	line 63, line 7	1, line 72, and line 7		74	1015	00				
	81	Califo	ornia income	tax withheld. See in:	structions	,				81	183	00
	82	2024	California es	timated tax and othe	r payments. See	instruction	ns		•	82		00
	83	With	holding (Form	n 592-B and/or Form	ı 593). See instru	ıctions			•	83		00
Payments	84	Rese	rved for futur	e use						84		
Рауп	85	Earn	ed Income Tax	x Credit (EITC). See	instructions					85		00
	86	Young Child Tax Credit (YCTC). See instructions										00
	87	Foste	er Youth Tax C	Credit (FYTC). See in	structions					87	-	00
	88	Add	line 81 throug	gh line 87. These are	your total payme	ents. See ii	nstruction	18	•	88	183	00
ISR Penalty	91	See i	nstructions. N	usehold had full-yea Medicare Part A or C ck the box, see instr	coverage is qual	erage, che lifying heal	eck the bo	x. overage				
ISB		Indiv	idual Shared	Responsibility (ISR)	Penalty. See inst	tructions .		<b>●</b> 91				
<u>e</u>	92			dividual Shared Res om line 88						92	183	00
Overpaid Tax/Tax Due	93	Indiv	idual Shared	Responsibility Pena om line 91	ty Balance. If line	e 91 is moi	re than lir	ıe 88,		93		00
id Tay	101	Over	paid tax. If lin	e 92 is more than li	ne 74, subtract lir	ne 74 from	line 92.		•	101		00
verpa	102	Amo	unt of line 10	1 you want applied t	o your <b>2025</b> estir	mated tax				102		00
O	103	Over	paid tax availa	able this year. Subtra	ct line 102 from	line 101 .				103		00

333 3133243 Form 540NR 2024 **Side 3** 

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

Code	Amount
California Seniors Special Fund. See instructions	.00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund • 401	.00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	.00
California Breast Cancer Research Voluntary Tax Contribution Fund	.00
California Firefighters' Memorial Voluntary Tax Contribution Fund	.00
Emergency Food for Families Voluntary Tax Contribution Fund • 407	.00
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund • 408	.00
California Sea Otter Voluntary Tax Contribution Fund	.00
California Cancer Research Voluntary Tax Contribution Fund	.00
School Supplies for Homeless Children Voluntary Tax Contribution Fund • 422	.00
State Parks Protection Fund/Parks Pass Purchase	.00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund • 424	.00
Keep Arts in Schools Voluntary Tax Contribution Fund	.00
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund • 431	.00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	.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
<b>120</b> Add amounts in code 400 through code 447. This is your total contribution	.00

Your	r nan	ne: XINHANG XU	Your SSN or ITIN:	113-69-2977		l	
Amount You Owe	121	<b>AMOUNT YOU OWE.</b> Add line 93, line 104, Mail to: <b>FRANCHISE TAX BOARD, PO BO</b> Pay Online – Go to <b>ftb.ca.gov/pay</b> for more	X 942867, SACRAMEN			832	. 00
Interest and Penalties	123 124	Interest, late return penalties, and late pay Underpayment of estimated tax.  Check the box:   FTB 5805 attack  Total amount due. See instructions. Enclose	ned ● FTB 5805l se, but do not staple, an	F attached	• 123	832	<b>.</b> 00
	125	REFUND OR NO AMOUNT DUE. Subtract			- 105		. 00
Deposit		Mail to: <b>FRANCHISE TAX BOARD</b> , <b>PO BOX</b> Fill in the information to authorize direct d See instructions. <b>Have you verified the ro</b> All or the following amount of my refund (	eposit of your refund in	to one or two accoun bers? Use whole doll	ts. <b>Do not</b> attac ars only.		
Refund and Direct Deposit		Savings	Account number			• 126 Direct deposit amount	. 00
Refu		The remaining amount of my refund (line  Routing number  Checking	125) is authorized for d  Account number	irect deposit into the	account shown	127 Direct deposit amount	.00
		Savings					• [UU]
Voter Info.		For voter registration information, check t	he box and go to <b>sos.c</b> a	ı.gov/elections. See i	instructions		
Health Care Coverage Info.		Do you want information on no-cost or low the FTB to share limited information from					No
						Sign your tax return on S	Side 6

333 3135243

Form 540NR 2024 **Side 5** 

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 j	oint tax return,	both must sign)
		03/10/2025			
	Your email address. Enter only one email address.			Preferred	phone number
Sign			1		
Here	Paid preparer's signature (declaration of preparer is	based on all information of	which preparer has any knowle	edge)	
It is unlawful	Illen f.				
to forge a spouse's/	Firm's name (or yours, if self-employed)				● PTIN
RDP's signature.					
	Firm's address				Firm's FEIN
Joint tax return?					
See instructions.	Do you want to allow another person to discuss	this tax return with us? Se	ee instructions	Yes	No
	Print Third Party Designee's Name			Telephone N	umber

2024

SCHEDULE

# California Adjustments — Nonresidents or Part-Year Residents

**CA (540NR)** 

Important: Attach this schedule behind For	m 540NR, Side 6 a	s a supporting Ca	lifornia schedule.		
Name(s) as shown on tax return		<u></u>		SSN or ITI	N
XINHANG XU				113-69-2	977
Part I Residency Information. Complete all lin	es that apply to you a	nd your spouse/RDP 1	for taxable year 2024.		
During 2024:  1 My California (CA) Residency (Check one) a Myself:    X Nonresident    Part-Year F			Yourself		ident
<ul> <li>a I was domiciled in (enter two letter code, see in the I was in the military and stationed in (enter two letters are a CA resident (enter state of prior resident).</li> <li>I became a CA nonresident (enter new state of reflections are a CA nonresident).</li> <li>I was a CA nonresident the entire year (enter statent).</li> <li>The number of days I spent in CA for any purpost I owned a home/property in CA (enter Y for Yes,</li> <li>Before 2024: I was a CA resident for the period of the period</li></ul>	o letter code)	d/yyyy) of move) n/dd/yyyy) of move)	• • • • • • • • • • • • • • • • • • •	F.C. ( )	
· <u>-</u>			<u> </u>		′
Part II Income Adjustment Schedule	A	В	С	D	E
Section A — Income from federal Form 1040 or 1040-SR	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	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	ledown		<ul><li>48637</li></ul>	48637	48637
<b>b</b> Household employee wages not reported				_	_
on federal Form(s) W-2 <b>1b</b>	<u>•</u>	•	•	•	•
c Tip income not reported on line 1a1c	•	•	•	•	•
<ul> <li>d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions . 1d</li> <li>e Taxable dependent care benefits from</li> </ul>	•	•	•	•	•
federal Form 2441, line 26 1e f Employer-provided adoption benefits		<b>O</b>			
from federal Form 8839, line 29			<b>(a)</b>	<b>O</b>	<b>O</b>
g Wages from federal Form 8919, line 6 1g	<b>•</b>	<u>•</u>	•	<u> </u>	<u>•</u>
h Other earned income. See instructions 1h i Nontaxable combat pay election.	•	•	•	<b>(a)</b>	<b>(a)</b>
See instructions			•	<u>•</u>	<b>O</b>
z Add line 1a through line 1i	•	<b>(a)</b>	<ul><li>48637</li></ul>		
2 Taxable interest. a	•	•	•	<ul><li>•</li><li>•</li></ul>	•
4 IRA distributions. See inst a • 4b	•	•	•	•	•
5 Pensions and annuities. See instr a ● 5b	•	•	•	•	•
6 Social security benefits a ● 6b	•	•			
7 Capital gain or (loss). See instructions 7	•	•	•	•	•
Section B — Additional Income from federal Schedule 1 (Form 1040)	10		10		
Taxable refunds, credits, or offsets of state and local income taxes	•	•			
2 a Alimony received. See instructions 2a	•		•	•	•
. ,					

		Α	В	C	D	E
Sec	Continued	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	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		•	•	•	•	•
5		•	lacksquare	•	•	•
6	' ' '	<u> </u>	<u> </u>	•	•	•
7	· · · · · · · · · · · · · · · · · · ·	<u> </u>	•			
_		<u> </u>				
8	a Federal net operating loss8a	<b>(</b> )		•		
	b Gambling	,	•		•	•
	c Cancellation of debt8c		•	•	•	•
	<b>d</b> Foreign earned income exclusion					
	from federal Form 2555 8d	/		<b>O</b>		
	e Income from federal Form 88538e	_		•	•	•
	f Income from federal Form 88898f	•	•			
	g Alaska Permanent Fund dividends 8g	•			•	•
	h Jury duty pay 8h	•			•	•
	i Prizes and awards8i	lacktriangle				•
	j Activity not engaged in for profit income 8j	•			•	•
	k Stock options			•	•	•
	I 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	<u> </u>			•	•
	m Olympic and Paralympic medals and USOC prize money8m				•	•
	n IRC Section 951(a) inclusion 8n	•	•			
	o IRC Section 951A(a) inclusion 80	•	•			
	p IRC Section 461(I) excess business loss adjustment	•	•	•	•	•
	account	•				
	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	• (			<b>●</b> ( )	• (
	t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC					
	Section 457 plan8t				•	•
	u Wages earned while incarcerated 8u	•			•	•
	v Digital assets received as ordinary income not reported elsewhere8v	•	•	•	•	•
	z Other income. List type and amount.					
	● 8z	•	•	•	•	•
9	a Total other income. Add line 8a through line 8z		•	•		•

		A	В	C	D	E
	- Additional Income Continued	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
FTI	saster loss deduction from form B 3805V		•		•	•
FTI	L deduction from form B 3805V		•		•	•
	L deduction from form B 3805Z, FTB 3807, or FTB 3809 <b>9b3</b>		lacksquare		•	•
Section line 9b1 in each	dd Section A, line 1z through line 7, and B, line 1 through line 7, line 9a and through line 9b3 (as applicable) column. ructions	•	•	<ul><li>48637</li></ul>	<ul><li>48637</li></ul>	<ul><li>4863</li></ul>
Section C —	- Adjustments to Income from federal Schedule 1 (Form 1040)					1555
	·	•	•			
perform	business expenses of reservists, ing artists, and fee-basis nent officials	•	•	•	•	•
	· ·	•	•			
	expenses. Attach form FTB 3913. ructions	•		$\odot$		•
15 Deducti See inst	ble part of self-employment tax. ructions <b>15</b>	•	•		•	•
16 Self-em qualified	ployed SEP, SIMPLE, and I plans	•			•	•
17 Self-em See inst	ployed health insurance deduction. ructions <b>17</b>	•			•	•
18 Penalty	on early withdrawal of savings <b>18</b>	•			•	•
19 a Alim SSN ●	nony paid. <b>b</b> Enter recipient's:					
		<u>•</u>	•	<ul><li>O</li><li>O</li></ul>	<b>(a)</b>	<ul><li>●</li><li>●</li></ul>
		<u>•</u>		•	<ul><li>O</li><li>O</li></ul>	•
	d for future use					
		•			•	•
24 Other ac					•	•
<b>b</b> Ded repo	uctible expenses related to income orted on line 8I from the rental of conal property engaged in for it		•	•	•	•
<b>c</b> Non Olyn	taxable amount of the value of npic and Paralympic medals and C prize money reported on line 8m 24c		•			
<b>d</b> Refo	prestation amortization and enses24d		•		•	•
unei	ayment of supplemental mployment benefits under the ral Trade Act of 1974 <b>24e</b>	•			•	•
	tributions to IRC ion 501(c)(18)(D) pension plans <b>24f</b>	•	•	•	•	•
IRC	tributions by certain chaplains to Section 403(b) plans 24g	•	•	•	•	•
actio	rney fees and court costs for one involving certain unlawful rimination claims	•			•	•

		Α	В	C	D	E
Sectio	n C — Adjustments to Income Continued	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	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	•	•			
j	Housing deduction from federal Form 2555 <b>24</b> j	•	•			
k	Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)	•			•	•
Z	Other adjustments. List type and amount.					
•	) 24z	•			•	•
<b>5</b> To	tal other adjustments. Add line 24a	•	•	•	•	
	rough line 24z					•
ea	ch column, A through E 26	•	•	•	•	•
	tal. Subtract line 26 from line 10 in each lumn, A through E. See instructions 27	•		<ul><li>48637</li></ul>	<ul><li>48637</li></ul>	<ul><li>4863</li></ul>
				↑ Federal Amounts		♠ Additions
	<b>III</b> Adjustments to Federal Itemized Deductors box if you did NOT itemize for federal but will			(from federal Schedule A (Form 1040))	See instructions	See instructions
	al and Dental Expenses See instructions.	Thomas of Camerina i				
	Medical and dental expenses			1		
	nter amount from federal Form 1040 or 1040					
	Multiply line 2 by 7.5% (0.075)			3		
	Subtract line 3 from line 1. If line 3 is more tha			1 0		•
axes	You Paid					
	state and local income tax or general sales taxe			0	183	
ib S	tate and local real estate taxes		5l	<b>O</b>		
	state and local personal property taxes					
	dd line 5a through line 5c			183		
	nter the smaller of line 5d or \$10,000 (\$5,000		tely) in column A.			
	nter the amount from line 5a, column B in line			400		
	inter the difference from line 5d and line 5e, col				<ul><li>183</li></ul>	<b>O</b>
	Other taxes. List type			5 <b>●</b> 7 <b>●</b> 183	-	
	st You Paid			163	163	<u>                                     </u>
	lome mortgage interest and points reported to	VOU on federal Form	1098			•
	lome mortgage interest and points reported to you or	•				•
	Points not reported to you on federal Form 109					•
	Reserved for future use					
d F	dd line 8a through line 8c			_	•	•
					•	•
Be A						
Be A	nvestment interest					<u> </u>
Be A	nvestment interest			•	•	
Be A 9 II 10 A	nvestment interestdd line 8e and line 9			•		
8e A 9 II 10 A Gifts to	nvestment interest		10		•	•
Be A 9 II 10 A Gifts to 11 G	nvestment interestdd line 8e and line 9				•	•

Pa	rt III Adjustments to Federal Itemized Deductions	ļ.	Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
	Continued		(Form 1040))		
Cas	ualty and Theft Losses			I	
15	Casualty or theft loss(es) (other than net qualified disa				
	Attach federal Form 4684. See instructions	<b>15</b>  (	•	<u> </u>	<u> </u>
	er Itemized Deductions		$\sim$		
16	Other—from list in federal instructions		~	<u>•</u>	
<u>17</u>	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and	a C	183	183	
18	<b>Total.</b> Combine line 17 column A less column B plus o	column C		18	
Job	Expenses and Certain Miscellaneous Deductions				
19	Unreimbursed employee expenses: job travel, union d Attach federal Form 2106 if required. See instructions				
20	Tax preparation fees	20			
21	Other expenses: investment, safe deposit box, etc. Lis				
22	Add line 19 through line 21				
23	Enter amount from federal Form 1040 or 1040-SR, lin				
24	Multiply line 23 by 2% (0.02). If less than zero, enter (	0 - 1 - 2	0		
25	Subtract line 24 from line 22. If line 24 is more than line	ne 22, enter 0		25	0
26	<b>Total Itemized Deductions.</b> Add line 18 and line 25			26	
27	Other adjustments. See instructions. Specify.			② 27	
28	Combine line 26 and line 27.				
29	Head of household	n the amount shown below for your filing the same shown below for your filing the same shown below for your filing the same shown below for your filing specification in the same shown below for your filing specification in the same shown below for your filing the same shown below for your filing specification in the same specificati	14,857 67,291		
	Yes. Complete the Itemized Deductions Worksheet in	the instructions for Schedule CA (540N	R), line 29	29	
30	Married/RDP filing jointly, head of hous	/. See instructions \$ sehold, or qualifying			
		\$1			5540
Pa	rt IV California Taxable Income				
1	California AGI. Enter your California AGI from Part II, I	line 27, column E		1_	48637
2	Enter your deductions from line 30			5540	
3	<b>Deduction Percentage.</b> Divide Part II, line 27, column				
4	to four places. If the result is greater than 1.0000, enter California Itemized/Standard Deductions. Multiply line				5540
5	<b>California Taxable Income.</b> Subtract line 4 from line 1			<b>4</b> _	5540
•	zero, enter -0-			5	43097

2024

CALIFORNIA FORM

# Health Coverage Exemptions and Individual Shared Responsibility Penalty

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 1** 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  • XINHANG	Initial	SSN ● 113-69-2977	Date of Birth (mm/dd/yyyy)  • 06/11/1993	Modified AGI  ● 48637
1	Last Name XU	l	ECN 1	ECN 2	ECN 3
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
2	Last Name		ECN 1	ECN 2	ECN 3
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
3	Last Name	I	ECN 1	ECN 2	ECN 3
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
4	Last Name		ECN 1	ECN 2	ECN 3
	First Name	Initial	SSN   O	Date of Birth (mm/dd/yyyy)	Modified AGI
5	Last Name		ECN 1	ECN 2	ECN 3
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
6	Last Name		ECN 1	ECN 2	ECN 3
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
7	Last Name		ECN 1	ECN 2	ECN 3
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
8	Last Name	<u>I</u>	ECN 1	ECN 2	ECN 3
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
9	Last Name		ECN 1	ECN 2	ECN 3
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
10	Last Name ●		ECN 1 ●	ECN 2	ECN 3
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
11	Last Name	I	ECN 1	ECN 2	ECN 3
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
12	Last Name ●	I	ECN 1	ECN 2	ECN 3

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

 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	(I) Nov	(m) Dec
	First Name  XINHANG	Initial	<b>⊚</b> E	•	•	•	•	•	•	•	•	•	•	•	•
1	Last Name  XU			•	•	•	•	•	•	•	•	•	•	•	•
•	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
2	Last Name	,		•	•	•	•	•	•	•	•	•	•	•	•
2	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
3	Last Name			•	•	•	•	•	•	•	•	•	•	•	•
4	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
-	Last Name   O		•	•	•	•	•	•	•	•	•	•	•	•	•
5	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
_	Last Name			•	•	•	•	•	•	•	•	•	•	•	•
6	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
_	Last Name			•	•	•	•	•	•	•	•	•	•	•	•
7	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
	Last Name   O			•	•	•	•	•	•	•	•	•	•	•	•
8	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
_	Last Name			•	•	•	•	•	•	•	•	•	•	•	•
9		Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
	Last Name	In:tin!		•	•	•	•	•	•	•	•	•	•	•	•
10	•	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
	Last Name  Eirst Name	Initial		•	•	•	•	•	•	•	•	•	•	•	•
11	First Name  Last Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
	•	Initial		•	•	•	•	•	•	•	•	•	•	•	•
		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	