



First Name Surname

Selected mailing address

City

State/Province, ZIP/Postal Code

Country

XINHANG XU

1514 POLE LINE RD

DAVIS

CA, 95618

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.

Tax Summary

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



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.



CALIFORNIA STATE TAX RETURN FOR

XINHANG XU

2024

DO NOT MAIL
WITH YOUR
RETURN

STATE FILING COPY

SUBMIT TO THE CALIFORNIA TAX OFFICE



California Nonresident or Part-Year
Resident Income Tax Return

2024

540NR

☐ Check here if this is an AMENDED return. Fiscal year filers only: Enter month of year end: month _____ year 2025.

Your first name	Initial	Last name	Suffix	Your SSN or ITIN	<input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> RP
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	
Additional information (see instructions)					PBA code
Street address (number and street) or PO box			Apt. no/ste. no.	PMB/private mailbox	
1514 POLE LINE RD					
City (If you have a foreign address, see instructions)			State	ZIP code	
DAVIS			CA	95618	
Foreign country name		Foreign province/state/county		Foreign postal code	

Date of Birth	Your DOB (mm/dd/yyyy)	Spouse's/RDP's DOB (mm/dd/yyyy)
	06/11/1993	
Prior Name	Your prior name (see instructions)	Spouse's/RDP's prior name (see instructions)

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

Filing Status	1 <input checked="" type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). See instructions.
	2 <input type="checkbox"/> Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.	5 <input type="checkbox"/> Qualifying surviving spouse/RDP. Enter year spouse/RDP died. <input type="text"/>
	3 <input type="checkbox"/> Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here. <input type="text"/>	

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

► 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. If you checked the box on line 6, see instructions. <input checked="" type="radio"/> 7 <input type="text"/> 1 X \$149 = <input checked="" type="radio"/> \$ <input type="text"/> 149														
	8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions. <input checked="" type="radio"/> 8 <input type="text"/> X \$149 = <input checked="" type="radio"/> \$ <input type="text"/>														
	9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. <input checked="" type="radio"/> 9 <input type="text"/> X \$149 = <input checked="" type="radio"/> \$ <input type="text"/>														
	10 Dependents: Do not include yourself or your spouse/RDP.														
	<table><tr><th>Dependent 1</th><th>Dependent 2</th><th>Dependent 3</th></tr><tr><td>First Name <input checked="" type="radio"/></td><td><input checked="" type="radio"/></td><td><input checked="" type="radio"/></td></tr><tr><td>Last Name <input checked="" type="radio"/></td><td><input checked="" type="radio"/></td><td><input checked="" type="radio"/></td></tr><tr><td>SSN. See instructions. <input checked="" type="radio"/></td><td><input checked="" type="radio"/></td><td><input checked="" type="radio"/></td></tr><tr><td>Dependent's relationship to you <input checked="" type="radio"/></td><td><input checked="" type="radio"/></td><td><input checked="" type="radio"/></td></tr></table>	Dependent 1	Dependent 2	Dependent 3	First Name <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	Last Name <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	SSN. See instructions. <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	Dependent's relationship to you <input checked="" type="radio"/>	<input checked="" type="radio"/>
Dependent 1	Dependent 2	Dependent 3													
First Name <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>													
Last Name <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>													
SSN. See instructions. <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>													
Dependent's relationship to you <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>													

Total dependent exemptions ☒ 10 X \$461 = ☒ \$

Your name:

XINHANG XU

Your SSN or ITIN:

113-69-2977

11 Exemption amount: Add line 7 through line 10 ☒ **11 \$** 149

Total Taxable Income

- 12** Total California wages from your federal Form(s) W-2, box 16 ☒ **12** 48637 .00
- 13** Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11 ☒ **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** 48637 .00
- 17** Adjusted gross income from all sources. Combine line 15 and line 16 ☒ **17** 48637 .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** 5540 .00
- 19** Subtract line 18 from line 17. This is your **total taxable income**. If less than zero, enter -0- ☒ **19** 43097 .00

CA Taxable Income

- 31** Tax. Check the box if from: ☒ Tax Table ☐ Tax Rate Schedule
- ☒ **31** 1164 .00
- 32** CA adjusted gross income from Schedule CA (540NR), Part IV, line 1 ☒ **32** 48637 .00
- 35** CA Taxable Income from Schedule CA (540NR), Part IV, line 5 ☒ **35** 43097 .00
- 36** CA Tax Rate. Divide line 31 by line 19 ☒ **36** 0.0270
- 37** CA Tax Before Exemption Credits. Multiply line 35 by line 36 ☒ **37** 1164 .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 \$244,857, see instructions ☒ **39** 149 .00
- 40** CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- ... ☒ **40** 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 .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 1015 .00

Other Taxes

- 71 Alternative Minimum Tax. Attach Schedule P (540NR) 71 .00
- 72 Mental Health Services Tax. See instructions 72 .00
- 73 Other taxes and credit recapture. See instructions 73 .00
- 74 Add line 63, line 71, line 72, and line 73. This is your total tax. 74 1015 .00

Payments

- 81 California income tax withheld. See instructions 81 183 .00
- 82 2024 California estimated tax and other payments. See instructions 82 .00
- 83 Withholding (Form 592-B and/or Form 593). See instructions. 83 .00
- 84 Reserved for future use 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 88 183 .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. 92 183 .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 .00
- 102 Amount of line 101 you want applied to your 2025 estimated tax 102 .00
- 103 Overpaid tax available this year. Subtract line 102 from line 101 103 .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

832

.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 Sea Otter Voluntary Tax Contribution Fund ● 410 .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

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 ● 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

120 Add amounts in code 400 through code 447. 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**Pay Online – Go to **ftb.ca.gov/pay** for more information.

832 .00

Interest and
Penalties**122** Interest, late return penalties, and late payment penalties. **122****123** Underpayment of estimated tax.

Check the box: ●

☐

FTB 5805 attached

☐FTB 5805F attached ● **123**

.00

.00

124 Total amount due. See instructions. Enclose, but **do not** staple, any payment **124**

832 .00

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**

.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

● Type

☐

Checking

☐

Savings

● Account number

● **126** Direct deposit amount .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 .00Voter
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 FTB 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)

03/10/2025

☒ Your email address. Enter only one email address.

☐ Preferred phone number

**Sign
Here**

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

Joint tax
return?
See
instructions.

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

[Signature]

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? See instructions.



Yes



No

Print Third Party Designee's Name

Telephone Number

**California Adjustments —
Nonresidents or Part-Year Residents****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 2024.**During 2024:****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)	<input checked="" type="radio"/> F C	<input type="radio"/> ___
b I was in the military and stationed in (enter two letter code).	<input type="radio"/> ___	<input type="radio"/> ___
3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) . . .	<input type="radio"/> ___ / ___ / ___	<input type="radio"/> ___ / ___ / ___
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move) .	<input type="radio"/> ___ / ___ / ___	<input type="radio"/> ___ / ___ / ___
5 I was a CA nonresident the entire year (enter state of residence).	<input type="radio"/> F C	<input type="radio"/> ___
6 The number of days I spent in CA for any purpose was:	<input type="radio"/> 3 0 5	<input type="radio"/> ___
7 I owned a home/property in CA (enter Y for Yes, N for No)	<input type="radio"/> N	<input type="radio"/> ___
8 Before 2024: I was a CA resident for the period of	<input type="radio"/> ___ / ___ / ___ -	<input type="radio"/> ___ / ___ / ___ -

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	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 48637	<input checked="" type="radio"/> 48637	<input checked="" type="radio"/> 48637
b Household employee wages not reported on federal Form(s) W-2. 1b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c Tip income not reported on line 1a 1c	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions . 1d	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e Taxable dependent care benefits from federal Form 2441, line 26 1e	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f Employer-provided adoption benefits from federal Form 8839, line 29 1f	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g Wages from federal Form 8919, line 6 . . . 1g	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h Other earned income. See instructions . . 1h	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i Nontaxable combat pay election. See instructions 1i			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
z Add line 1a through line 1i 1z	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 48637	<input checked="" type="radio"/> 48637	<input checked="" type="radio"/> 48637
2 Taxable interest. a <input type="radio"/> 2b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Ordinary dividends. See inst. a <input type="radio"/> 3b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 IRA distributions. See inst. a <input type="radio"/> 4b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Pensions and annuities. See instr. a <input type="radio"/> 5b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Social security benefits. a <input type="radio"/> 6b	<input type="radio"/>	<input type="radio"/>			
7 Capital gain or (loss). See instructions . . . 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section B — Additional Income

from federal Schedule 1 (Form 1040)

1 Taxable refunds, credits, or offsets of state and local income taxes. 1	<input type="radio"/>	<input type="radio"/>			
2 a Alimony received. See instructions. . . . 2a	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		A	B	C	D	E
Section B — 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)
3	Business income or (loss). See instructions. 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	Other gains or (losses) 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	Farm income or (loss) 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	Unemployment compensation 7	<input type="radio"/>	<input type="radio"/>			
8	Other income:					
a	Federal net operating loss 8a	<input type="radio"/> ()		<input type="radio"/>		
b	Gambling 8b	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/> 0
c	Cancellation of debt 8c	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	Foreign earned income exclusion from federal Form 2555 8d	<input type="radio"/> ()		<input type="radio"/>		
e	Income from federal Form 8853 8e	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f	Income from federal Form 8889 8f	<input type="radio"/>	<input type="radio"/>			
g	Alaska Permanent Fund dividends 8g	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
h	Jury duty pay 8h	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
i	Prizes and awards 8i	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
j	Activity not engaged in for profit income . . . 8j	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
k	Stock options 8k	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
m	Olympic and Paralympic medals and USOC prize money 8m	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
n	IRC Section 951(a) inclusion 8n	<input type="radio"/>	<input type="radio"/>			
o	IRC Section 951A(a) inclusion 8o	<input type="radio"/>	<input type="radio"/>			
p	IRC Section 461(l) excess business loss adjustment 8p	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q	Taxable distributions from an ABLE account 8q	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
r	Scholarship and fellowship grants not reported on federal Form(s) W-2 8r	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
s	Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d 8s	<input type="radio"/> ()			<input type="radio"/> ()	<input type="radio"/> ()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
u	Wages earned while incarcerated 8u	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
v	Digital assets received as ordinary income not reported elsewhere 8v	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
z	Other income. List type and amount. <input type="radio"/> 8z	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 a	Total other income. Add line 8a through line 8z 9a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	A	B	C	D	E
Section B — 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)
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 7, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b3 (as applicable) in each column. See instructions. 10	⊙	⊙	⊙ 48637	⊙ 48637	⊙ 48637

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 ⊙ 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 8i 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	⊙			⊙	⊙

	A	B	C	D	E
Section 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 24i	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
j Housing deduction from federal Form 2555 24j	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) 24k	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
z Other adjustments. List type and amount. <input checked="" type="radio"/> 24z	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
25 Total other adjustments. Add line 24a through line 24z. 25	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
26 Add line 11 through line 23 and line 25 in each column, A through E 26	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
27 Total. Subtract line 26 from line 10 in each column, A through E. See instructions. 27	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 48637	<input checked="" type="radio"/> 48637	<input checked="" type="radio"/> 48637

Part III Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California ☒ ☐

A	B	C
Federal Amounts (from federal Schedule A (Form 1040))	Subtractions See instructions	Additions See instructions

Medical and Dental Expenses See instructions.

1 Medical and dental expenses 1	<input checked="" type="radio"/>		
2 Enter amount from federal Form 1040 or 1040-SR, line 11 2	<input checked="" type="radio"/>		
3 Multiply line 2 by 7.5% (0.075) 3	<input checked="" type="radio"/>		
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0. 4	<input checked="" type="radio"/>	0	<input checked="" type="radio"/>

Taxes You Paid

5a State and local income tax or general sales taxes. 5a	<input checked="" type="radio"/>	183	<input checked="" type="radio"/>	183	
5b State and local real estate taxes 5b	<input checked="" type="radio"/>				
5c State and local personal property taxes 5c	<input checked="" type="radio"/>				
5d Add line 5a through line 5c. 5d	<input checked="" type="radio"/>	183			
5e Enter the smaller of line 5d or \$10,000 (\$5,000 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	<input checked="" type="radio"/>	183	<input checked="" type="radio"/>	183	<input checked="" type="radio"/>
6 Other taxes. List type <input checked="" type="radio"/> 6	<input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>
7 Add line 5e and line 6. 7	<input checked="" type="radio"/>	183	<input checked="" type="radio"/>	183	<input checked="" type="radio"/>

Interest You Paid

8a Home mortgage interest and points reported to you on federal Form 1098. 8a	<input checked="" type="radio"/>			<input checked="" type="radio"/>
8b Home mortgage interest not reported to you on federal Form 1098. 8b	<input checked="" type="radio"/>			<input checked="" type="radio"/>
8c Points not reported to you on federal Form 1098. 8c	<input checked="" type="radio"/>			<input checked="" type="radio"/>
8d Reserved for future use 8d				
8e Add line 8a through line 8c. 8e	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
9 Investment interest. 9	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
10 Add line 8e and line 9. 10	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>

Gifts to Charity

11 Gifts by cash or check 11	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
12 Other than by cash or check. 12	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
13 Carryover from prior year. 13	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
14 Add line 11 through line 13 14	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>

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** 183 183

- 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 11 **23**
- 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 **\$244,857**

Head of household **\$367,291**

Married/RDP filing jointly or qualifying surviving spouse/RDP. **\$489,719**

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. **\$5,540**

Married/RDP filing jointly, head of household, or qualifying
surviving spouse/RDP **\$11,080** **30** 5540

Part IV California Taxable Income

- 1 California AGI.** Enter your California AGI from Part II, line 27, column E. **1** 48637
- 2** Enter your deductions from line 30. **2** 5540
- 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 . 0 0 0 0
- 4 California Itemized/Standard Deductions.** Multiply line 2 by the percentage on line 3. **4** 5540
- 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** 43097

Health Coverage Exemptions and Individual Shared Responsibility Penalty

2024

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.

1	First Name ● XINHANG	Initial ●	SSN ● 113-69-2977	Date of Birth (mm/dd/yyyy) ● 06/11/1993	Modified AGI ● 48637
	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	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	Last Name XU			<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
2	First Name 	Initial 	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	Last Name 			<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
3	First Name 	Initial 	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	Last Name 			<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
4	First Name 	Initial 	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	Last Name 			<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
5	First Name 	Initial 	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	Last Name 			<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
6	First Name 	Initial 	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	Last Name 			<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
7	First Name 	Initial 	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	Last Name 			<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
8	First Name 	Initial 	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	Last Name 			<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
9	First Name 	Initial 	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	Last Name 			<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
10	First Name 	Initial 	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	Last Name 			<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
11	First Name 	Initial 	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	Last Name 			<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
12	First Name 	Initial 	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	Last Name 			<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

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



CALIFORNIA STATE TAX RETURN FOR

DO NOT MAIL
XINHANG XU
2024
WITH YOUR
YOUR COPY
RETURN
RETAIN FOR YOUR RECORDS



California Nonresident or Part-Year
Resident Income Tax Return

2024

540NR

☐ Check here if this is an AMENDED return. Fiscal year filers only: Enter month of year end: month _____ year 2025.

Your first name	Initial	Last name	Suffix	Your SSN or ITIN	<input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> RP	
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		
Additional information (see instructions)					PBA code	
Street address (number and street) or PO box					Apt. no/ste. no.	PMB/private mailbox
1514 POLE LINE RD						
City (If you have a foreign address, see instructions)					State	ZIP code
DAVIS					CA	95618
Foreign country name		Foreign province/state/county			Foreign postal code	

Date of Birth	Your DOB (mm/dd/yyyy)	Spouse's/RDP's DOB (mm/dd/yyyy)
	06/11/1993	
Prior Name	Your prior name (see instructions)	Spouse's/RDP's prior name (see instructions)

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

Filing Status	1 <input checked="" type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). See instructions.
	2 <input type="checkbox"/> Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.	5 <input type="checkbox"/> Qualifying surviving spouse/RDP. Enter year spouse/RDP died. <input type="text"/>
	3 <input type="checkbox"/> Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here. <input type="text"/>	

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

► 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. If you checked the box on line 6, see instructions. ● 7	1	X \$149 = ● \$	149
8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions. ● 8		X \$149 = ● \$	
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 \$149 = ● \$	
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 \$461 = ● \$

Your name: XINHANG XU

Your SSN or ITIN: 113-69-2977

11 Exemption amount: Add line 7 through line 10 ☒ **11 \$** 149

Total Taxable Income	12	Total California wages from your federal Form(s) W-2, box 16	<input checked="" type="radio"/> 12	48637	.00
	13	Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11	<input checked="" type="radio"/> 13		.00
	14	California adjustments – subtractions. Enter the amount from Schedule CA (540NR), Part II, line 27, column B	<input checked="" type="radio"/> 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	<input checked="" type="radio"/> 16	48637	.00
	17	Adjusted gross income from all sources. Combine line 15 and line 16	<input checked="" type="radio"/> 17	48637	.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	<input checked="" type="radio"/> 18	5540	.00
	19	Subtract line 18 from line 17. This is your total taxable income . If less than zero, enter -0-	<input checked="" type="radio"/> 19	43097	.00

CA Taxable Income	31	Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule			
		<input checked="" type="radio"/> FTB 3800 <input type="radio"/> FTB 3803	31	1164	.00
	32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 1	<input checked="" type="radio"/> 32	48637	.00
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 5	<input checked="" type="radio"/> 35	43097	.00
	36	CA Tax Rate. Divide line 31 by line 19	<input checked="" type="radio"/> 36	0.0270	
	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	<input checked="" type="radio"/> 37	1164	.00
	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000	<input checked="" type="radio"/> 38	1.0000	
	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$244,857, see instructions	<input checked="" type="radio"/> 39	149	.00
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-	<input checked="" type="radio"/> 40	1015	.00
41	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A	<input checked="" type="radio"/> 41		.00	
42	Add line 40 and line 41	<input checked="" type="radio"/> 42	1015	.00	

Special Credits	50	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506	<input checked="" type="radio"/> 50		.00
	51	Credit for joint custody head of household. See instructions	<input checked="" type="radio"/> 51		.00
	52	Credit for dependent parent. See instructions	<input checked="" type="radio"/> 52		.00
	53	Credit for senior head of household. See instructions	<input checked="" type="radio"/> 53		.00
	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions	<input checked="" type="radio"/> 54	.	
	55	Credit amount. See instructions	<input checked="" type="radio"/> 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 1015 .00

Other Taxes

- 71 Alternative Minimum Tax. Attach Schedule P (540NR) 71 .00
- 72 Mental Health Services Tax. See instructions 72 .00
- 73 Other taxes and credit recapture. See instructions 73 .00
- 74 Add line 63, line 71, line 72, and line 73. This is your total tax. 74 1015 .00

Payments

- 81 California income tax withheld. See instructions 81 183 .00
- 82 2024 California estimated tax and other payments. See instructions 82 .00
- 83 Withholding (Form 592-B and/or Form 593). See instructions. 83 .00
- 84 Reserved for future use 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 88 183 .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. 92 183 .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 .00
- 102 Amount of line 101 you want applied to your 2025 estimated tax 102 .00
- 103 Overpaid tax available this year. Subtract line 102 from line 101 103 .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**

832

.00

Contributions

Code AmountCalifornia Seniors Special Fund. See instructions ● **400** .00Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund ● **401** .00Rare and Endangered Species Preservation Voluntary Tax Contribution Program ● **403** .00California Breast Cancer Research Voluntary Tax Contribution Fund ● **405** .00California Firefighters' Memorial Voluntary Tax Contribution Fund ● **406** .00Emergency Food for Families Voluntary Tax Contribution Fund ● **407** .00California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund ● **408** .00California Sea Otter Voluntary Tax Contribution Fund ● **410** .00California Cancer Research Voluntary Tax Contribution Fund ● **413** .00School Supplies for Homeless Children Voluntary Tax Contribution Fund ● **422** .00State Parks Protection Fund/Parks Pass Purchase ● **423** .00Protect Our Coast and Oceans Voluntary Tax Contribution Fund ● **424** .00Keep Arts in Schools Voluntary Tax Contribution Fund ● **425** .00Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund ● **431** .00California Senior Citizen Advocacy Voluntary Tax Contribution Fund ● **438** .00Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund ● **439** .00Mental Health Crisis Prevention Voluntary Tax Contribution Fund ● **445** .00California ALS Research Network Voluntary Tax Contribution Fund ● **447** .00**120** Add amounts in code 400 through code 447. 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.**Pay Online – Go to **ftb.ca.gov/pay** for more information.

● 121 832 .00

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

124 832 .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 .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

● Type

☐ Checking☐ Savings

● Account number

● 126 Direct deposit amount

 .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

 .00Voter
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 FTB 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)

03/10/2025

**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

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

[Signature]

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? See instructions. ☒ Yes ☐ No

Print Third Party Designee's Name

Telephone Number

**California Adjustments —
Nonresidents or Part-Year Residents****2024****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 2024.**During 2024:****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)	<input type="radio"/> F <input type="radio"/> C	<input type="radio"/> <input type="radio"/>
b I was in the military and stationed in (enter two letter code).	<input type="radio"/>	<input type="radio"/>
3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move)	<input type="radio"/> / /	<input type="radio"/> / /
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move)	<input type="radio"/> / /	<input type="radio"/> / /
5 I was a CA nonresident the entire year (enter state of residence).	<input type="radio"/> F <input type="radio"/> C	<input type="radio"/>
6 The number of days I spent in CA for any purpose was:	<u>3 0 5</u>	<input type="radio"/>
7 I owned a home/property in CA (enter Y for Yes, N for No)	<u>N</u>	<input type="radio"/>
8 Before 2024: I was a CA resident for the period of	<input type="radio"/> / / -	<input type="radio"/> / / -
	<input type="radio"/> / / -	<input type="radio"/> / / -

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 48637	<input type="radio"/> 48637	<input type="radio"/> 48637
b Household employee wages not reported on federal Form(s) W-2. 1b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c Tip income not reported on line 1a 1c	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions . 1d	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e Taxable dependent care benefits from federal Form 2441, line 26 1e	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f Employer-provided adoption benefits from federal Form 8839, line 29 1f	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g Wages from federal Form 8919, line 6 . . . 1g	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h Other earned income. See instructions . . 1h	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i Nontaxable combat pay election. See instructions 1i			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
z Add line 1a through line 1i 1z	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 48637	<input type="radio"/> 48637	<input type="radio"/> 48637
2 Taxable interest. a <input type="radio"/> 2b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Ordinary dividends. See inst. a <input type="radio"/> 3b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 IRA distributions. See inst. a <input type="radio"/> 4b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Pensions and annuities. See instr. a <input type="radio"/> 5b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Social security benefits. a <input type="radio"/> 6b	<input type="radio"/>	<input type="radio"/>			
7 Capital gain or (loss). See instructions . . . 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section B — Additional Income

from federal Schedule 1 (Form 1040)

1 Taxable refunds, credits, or offsets of state and local income taxes. 1	<input type="radio"/>	<input type="radio"/>			
2 a Alimony received. See instructions. . . . 2a	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		A	B	C	D	E
Section B — 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)
3	Business income or (loss). See instructions. 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	Other gains or (losses) 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	Farm income or (loss) 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	Unemployment compensation 7	<input type="radio"/>	<input type="radio"/>			
8	Other income:					
a	Federal net operating loss 8a	<input type="radio"/> ()		<input type="radio"/>		
b	Gambling 8b	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/> 0
c	Cancellation of debt 8c	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	Foreign earned income exclusion from federal Form 2555 8d	<input type="radio"/> ()		<input type="radio"/>		
e	Income from federal Form 8853 8e	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f	Income from federal Form 8889 8f	<input type="radio"/>	<input type="radio"/>			
g	Alaska Permanent Fund dividends 8g	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
h	Jury duty pay 8h	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
i	Prizes and awards 8i	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
j	Activity not engaged in for profit income . . . 8j	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
k	Stock options 8k	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
m	Olympic and Paralympic medals and USOC prize money 8m	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
n	IRC Section 951(a) inclusion 8n	<input type="radio"/>	<input type="radio"/>			
o	IRC Section 951A(a) inclusion 8o	<input type="radio"/>	<input type="radio"/>			
p	IRC Section 461(l) excess business loss adjustment 8p	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q	Taxable distributions from an ABLE account 8q	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
r	Scholarship and fellowship grants not reported on federal Form(s) W-2 8r	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
s	Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d 8s	<input type="radio"/> ()			<input type="radio"/> ()	<input type="radio"/> ()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
u	Wages earned while incarcerated 8u	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
v	Digital assets received as ordinary income not reported elsewhere 8v	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
z	Other income. List type and amount. <input type="radio"/> 8z	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 a	Total other income. Add line 8a through line 8z 9a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	A	B	C	D	E
Section B — 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)
b1 Disaster loss deduction from form FTB 3805V 9b1		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
b2 NOL deduction from form FTB 3805V 9b2		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
b3 NOL deduction from form FTB 3805Z, FTB 3807, or FTB 3809 .. 9b3		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
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. 10	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	48637 <input checked="" type="radio"/>	48637 <input checked="" type="radio"/>

Section C — Adjustments to Income
from federal Schedule 1 (Form 1040)

11 Educator expenses 11	<input checked="" type="radio"/>	<input type="radio"/>			
12 Certain business expenses of reservists, performing artists, and fee-basis government officials 12	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Health savings account deduction. 13	<input checked="" type="radio"/>	<input type="radio"/>			
14 Moving expenses. Attach form FTB 3913. See instructions 14	<input checked="" type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15 Deductible part of self-employment tax. See instructions. 15	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
16 Self-employed SEP, SIMPLE, and qualified plans. 16	<input checked="" type="radio"/>			<input type="radio"/>	<input type="radio"/>
17 Self-employed health insurance deduction. See instructions. 17	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
18 Penalty on early withdrawal of savings ... 18	<input checked="" type="radio"/>			<input type="radio"/>	<input type="radio"/>
19 a Alimony paid. b Enter recipient's: SSN <input checked="" type="radio"/> - - - - - Last name <input checked="" type="radio"/> 19a	<input checked="" type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20 IRA deduction 20	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21 Student loan interest deduction 21	<input checked="" type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22 Reserved for future use 22					
23 Archer MSA deduction 23	<input checked="" type="radio"/>			<input type="radio"/>	<input type="radio"/>
24 Other adjustments:					
a Jury duty pay 24a	<input checked="" type="radio"/>			<input type="radio"/>	<input type="radio"/>
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit. 24b	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c	<input checked="" type="radio"/>	<input type="radio"/>			
d Reforestation amortization and expenses. 24d	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e	<input checked="" type="radio"/>			<input type="radio"/>	<input type="radio"/>
f Contributions to IRC Section 501(c)(18)(D) pension plans .. 24f	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g Contributions by certain chaplains to IRC Section 403(b) plans 24g	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h	<input checked="" type="radio"/>			<input type="radio"/>	<input type="radio"/>

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	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
j Housing deduction from federal Form 2555 24j	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) 24k	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
z Other adjustments. List type and amount. <input checked="" type="radio"/> 24z	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
25 Total other adjustments. Add line 24a through line 24z. 25	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
26 Add line 11 through line 23 and line 25 in each column, A through E 26	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
27 Total. Subtract line 26 from line 10 in each column, A through E. See instructions. 27	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 48637	<input checked="" type="radio"/> 48637	<input checked="" type="radio"/> 48637

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	<input checked="" type="radio"/>		
2 Enter amount from federal Form 1040 or 1040-SR, line 11 2	<input checked="" type="radio"/>		
3 Multiply line 2 by 7.5% (0.075) 3	<input checked="" type="radio"/>		
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0. 4	<input checked="" type="radio"/>	0	<input checked="" type="radio"/>

Taxes You Paid

5a State and local income tax or general sales taxes. 5a	<input checked="" type="radio"/>	183	<input checked="" type="radio"/>	183	
5b State and local real estate taxes 5b	<input checked="" type="radio"/>				
5c State and local personal property taxes 5c	<input checked="" type="radio"/>				
5d Add line 5a through line 5c. 5d	<input checked="" type="radio"/>	183			
5e Enter the smaller of line 5d or \$10,000 (\$5,000 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	<input checked="" type="radio"/>	183	<input checked="" type="radio"/>	183	<input checked="" type="radio"/>
6 Other taxes. List type <input checked="" type="radio"/> 6	<input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>
7 Add line 5e and line 6. 7	<input checked="" type="radio"/>	183	<input checked="" type="radio"/>	183	<input checked="" type="radio"/>

Interest You Paid

8a Home mortgage interest and points reported to you on federal Form 1098. 8a	<input checked="" type="radio"/>			<input checked="" type="radio"/>
8b Home mortgage interest not reported to you on federal Form 1098. 8b	<input checked="" type="radio"/>			<input checked="" type="radio"/>
8c Points not reported to you on federal Form 1098. 8c	<input checked="" type="radio"/>			<input checked="" type="radio"/>
8d Reserved for future use 8d				
8e Add line 8a through line 8c. 8e	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
9 Investment interest. 9	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
10 Add line 8e and line 9. 10	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>

Gifts to Charity

11 Gifts by cash or check 11	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
12 Other than by cash or check. 12	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
13 Carryover from prior year. 13	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
14 Add line 11 through line 13 14	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

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**

183

183

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 11 ☐ **23**

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 **\$244,857**

Head of household **\$367,291**

Married/RDP filing jointly or qualifying surviving spouse/RDP. **\$489,719**

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. **\$5,540**

Married/RDP filing jointly, head of household, or qualifying
surviving spouse/RDP **\$11,080**

30

5540

Part IV California Taxable Income

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

48637

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

5540

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 0 0 0

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

5540

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**

43097

Health Coverage Exemptions and Individual Shared Responsibility Penalty

2024

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.

1	First Name ● XINHANG	Initial ●	SSN ● 113-69-2977	Date of Birth (mm/dd/yyyy) ● 06/11/1993	Modified AGI ● 48637
	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	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name XU			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	First Name 	Initial 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name 			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	First Name 	Initial 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name 			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	First Name 	Initial 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name 			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	First Name 	Initial 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name 			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	First Name 	Initial 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name 			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	First Name 	Initial 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name 			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	First Name 	Initial 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name 			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	First Name 	Initial 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name 			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	First Name 	Initial 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name 			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11	First Name 	Initial 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name 			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12	First Name 	Initial 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name 			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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