

2017 California Resident Income Tax Return**540**

APE

DO NOT ATTACH FEDERAL RETURN

729-26-7200 SING
MANINDERPAL SINGH

17

A
R
RP1845 POGGI ST
ALAMEDA CA 94501

APT 203

06-08-1991

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. See inst.	5	<input type="checkbox"/> Qualifying widow(er) with dependent child. 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"/>		

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

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst. ☐► For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. **Whole dollars only**7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2, in the box. If you checked the box on line 6, see instructions. ☒ 7 1 X \$114 = ☒ \$ 1148 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 ☒ 8 X \$114 = ☒ \$ 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 ☒ 9 X \$114 = ☒ \$ 10 **Dependents: Do not include yourself or your spouse/RDP.**

Exemptions

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

Total dependent exemptions ☒ 10 X \$353 = ☒ \$ 11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32. ☒ 11 \$ 114

Your name:

MANINDERPAL SINGH

Your SSN or ITIN:

729-26-7200

Taxable Income

- 12 State wages from your Form(s) W-2, box 16. ● 12 12,528.00
- 13 Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4. ● 13 12,528.00
- 14 California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B ● 14 .00
- 15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 12,528.00
- 16 California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C. ● 16 .00
- 17 California adjusted gross income. Combine line 15 and line 16. ● 17 12,528.00
- 18 Enter the **larger of** { Your California **itemized deductions** from Schedule CA (540), line 44; **OR**
Your California **standard deduction** shown below for your filing status:
}
 - Single or Married/RDP filing separately. \$4,236
 - Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$8,472
If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions ● 18 4,236.00
- 19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- ● 19 8,292.00

Tax

- 31 Tax. Check the box if from: ☒ Tax Table ☐ Tax Rate Schedule
☐ FTB 3800 ☐ FTB 3803 ● 31 84.00
- 32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$187,203, see instructions ● 32 114.00
- 33 Subtract line 32 from line 31. If less than zero, enter -0- ● 33 0.00
- 34 Tax. See instructions. Check the box if from: ☐ Schedule G-1 ☐ FTB 5870A. ● 34 .00
- 35 Add line 33 and line 34. ● 35 0.00

Special Credits

- 40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions ● 40 .00
- 43 Enter credit name code and amount ● 43 .00
- 44 Enter credit name code and amount ● 44 .00
- 45 To claim more than two credits, see instructions. Attach Schedule P (540). ● 45 .00
- 46 Nonrefundable renter's credit. See instructions ● 46 60.00
- 47 Add line 40 through line 46. These are your total credits. ● 47 60.00
- 48 Subtract line 47 from line 35. If less than zero, enter -0- ● 48 0.00

Other Taxes

- 61 Alternative minimum tax. Attach Schedule P (540) ● 61 .00
- 62 Mental Health Services Tax. See instructions. ● 62 .00
- 63 Other taxes and credit recapture. See instructions. ● 63 .00
- 64 Add line 48, line 61, line 62, and line 63. This is your total tax ● 64 0.00

Your name:

MANINDERPAL SINGH

Your SSN or ITIN:

729-26-7200

Payments

71	California income tax withheld. See instructions	● 71	499	.00
72	2017 CA estimated tax and other payments. See instructions	● 72		.00
73	Withholding (Form 592-B and/or 593). See instructions	● 73		.00
74	Excess SDI (or VPD) withheld. See instructions	● 74		.00
75	Earned Income Tax Credit (EITC)	● 75	26	.00
76	Add lines 71 through 75. These are your total payments. See instructions	⊙ 76	525	.00

Use Tax

91 **Use Tax.** Do not leave blank. See instructions ● 91 .00

If line 91 is zero, check if:

☒

No use tax is owed.

☐

You paid your use tax obligation directly to CDTFA.

Overpaid Tax/Tax Due

92	Payments balance. If line 76 is more than line 91, subtract line 91 from line 76	⊙ 92	525	.00
93	Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91	⊙ 93		.00
94	Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92	⊙ 94	525	.00
95	Amount of line 94 you want applied to your 2018 estimated tax	● 95		.00
96	Overpaid tax available this year. Subtract line 95 from line 94	● 96	525	.00
97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64	⊙ 97	0	.00



Your name:

MANINDERPAL SINGH

Your SSN or ITIN:

729-26-7200

Contributions

	Code	Amount
California Seniors Special Fund. See instructions	● 400	<input type="text"/> .00
Alzheimer's Disease/Related Disorders Fund	● 401	<input type="text"/> .00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	● 403	<input type="text"/> .00
California Breast Cancer Research Voluntary Tax Contribution Fund	● 405	<input type="text"/> .00
California Firefighters' Memorial Fund	● 406	<input type="text"/> .00
Emergency Food for Families Voluntary Tax Contribution Fund	● 407	<input type="text"/> .00
California Peace Officer Memorial Foundation Fund	● 408	<input type="text"/> .00
California Sea Otter Fund	● 410	<input type="text"/> .00
California Cancer Research Voluntary Tax Contribution Fund	● 413	<input type="text"/> .00
School Supplies for Homeless Children Fund	● 422	<input type="text"/> .00
State Parks Protection Fund/Parks Pass Purchase	● 423	<input type="text"/> .00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	● 424	<input type="text"/> .00
Keep Arts in Schools Voluntary Tax Contribution Fund	● 425	<input type="text"/> .00
State Children's Trust Fund for the Prevention of Child Abuse	● 430	<input type="text"/> .00
Prevention of Animal Homelessness and Cruelty Fund	● 431	<input type="text"/> .00
Revive the Salton Sea Fund	● 432	<input type="text"/> .00
California Domestic Violence Victims Fund	● 433	<input type="text"/> .00
Special Olympics Fund	● 434	<input type="text"/> .00
Type 1 Diabetes Research Fund	● 435	<input type="text"/> .00
California YMCA Youth and Government Voluntary Tax Contribution Fund	● 436	<input type="text"/> .00
Habitat for Humanity Voluntary Tax Contribution Fund	● 437	<input type="text"/> .00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	● 438	<input type="text"/> .00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	● 439	<input type="text"/> .00
Rape Backlog Kit Voluntary Tax Contribution Fund	● 440	<input type="text"/> .00
110 Add code 400 through code 440. This is your total contribution	● 110	<input type="text"/> 0.00

Your name: MANINDERPAL SINGH

Your SSN or ITIN: 729-26-7200

Amount
You Owe

111 AMOUNT YOU OWE. If you do not have an amount on line 96, add line 93, line 97, and line 110. See instructions. **Do not send cash.**

Mail to: **FRANCHISE TAX BOARD**

PO BOX 942867

SACRAMENTO CA 94267-0001

111 .00

Pay online – Go to ftb.ca.gov/pay for more information.

Interest and
Penalties

112 Interest, late return penalties, and late payment penalties **112** .00

113 Underpayment of estimated tax. Check the box: ☐ **FTB 5805 attached** ☐ **FTB 5805F attached** **113** .00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment. **114** .00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 96. See instructions.

Mail to: **FRANCHISE TAX BOARD**

PO BOX 942840

SACRAMENTO CA 94240-0001

115 525.00

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 115) is authorized for direct deposit into the account shown below:

Refund and Direct Deposit

● Type
● Routing number 1 2 1 0 0 0 3 5 8 ☒ Checking ● Account number 0 0 0 2 2 4 1 2 5 2 8 2 ● **116** Direct deposit amount 525.00
☐ Savings

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Type
● Routing number ☐ Checking ● Account number ☐ Savings ● **117** Direct deposit amount .00

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for **1131**. To request this notice by mail, call 800.852.5711. 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)

**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.

sikhmapersonal@gmail.com

☒ Preferred phone number

(5 1 0) 2 1 9 - 8 3 5 1

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

SELF-PREPARED

Firm's name (or yours, if self-employed)

● PTIN

Firm's address

● 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

2017**Wage and Tax Statement****W-2****Important: Attach this form to the back of your original or amended Form 540, 540 2EZ, or Form 540NR (Long or Short).**

Name(s) as shown on tax return

SSN or ITIN

MANINDERPAL SINGH

729-26-7200

Caution: If this form is filled out, **do not** send your Form(s) W-2 to the Franchise Tax Board. If your Form(s) W-2 are from multiple states, **attach** copies showing California tax withheld to this schedule. If this schedule is blank, attach your Form(s) W-2 to the lower front of your tax return.
All fields must be completed. DO NOT ATTACH PAYMENT TO THIS SCHEDULE.

*Employee's social security number, name, and address must be the same as the information on the Form(s) W-2.

W-2 Information	1 st W-2	2 nd W-2
a. Employee's social security number*	<input checked="" type="radio"/> 729-26-7200	<input type="radio"/>
b. Employer identification number (EIN)	<input checked="" type="radio"/> 95-2647125	<input type="radio"/>
c. Employer's name	<input checked="" type="radio"/> WESTERN DIGITAL TECHNOLOGIE	<input type="radio"/>
Address	<input checked="" type="radio"/> 3355 MICHELSON DR SUIT 100	<input type="radio"/>
City	<input checked="" type="radio"/> IRVINE	<input type="radio"/>
State	<input checked="" type="radio"/> CA	<input type="radio"/>
Zip code	<input checked="" type="radio"/> 92612	<input type="radio"/>
e. Employee's first name*	<input checked="" type="radio"/> MANINDERPAL	<input type="radio"/>
Middle initial*	<input type="radio"/>	<input type="radio"/>
Last name*	<input checked="" type="radio"/> SINGH	<input type="radio"/>
Suffix*	<input type="radio"/>	<input type="radio"/>
f. Employee address*	<input checked="" type="radio"/> 1845 POGGI ST APT 203	<input type="radio"/>
City*	<input checked="" type="radio"/> ALAMEDA	<input type="radio"/>
State*	<input checked="" type="radio"/> CA	<input type="radio"/>
Zip code*	<input checked="" type="radio"/> 94501	<input type="radio"/>
1. Wages, tips, other compensation	<input checked="" type="radio"/> 12,528	<input type="radio"/>
2. Federal income tax withheld	<input checked="" type="radio"/> 1,945	<input type="radio"/>
3. Social security wages	<input checked="" type="radio"/> 12,528	<input type="radio"/>
4. Social security tax withheld	<input checked="" type="radio"/> 777	<input type="radio"/>
6. Medicare tax withheld	<input checked="" type="radio"/> 182	<input type="radio"/>

W-2 Information

1st W-22nd W-2

7. Social security tips	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
8. Allocated tips (not included in box 1)	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
10. Dependent care benefits	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
11. Nonqualified plans	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
12. Codes and amounts				
	Codes	Amounts	Codes	Amounts
12a.	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
12b.	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
12c.	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
12d.	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay	<input checked="" type="radio"/>	<input type="checkbox"/> Statutory employee	<input checked="" type="radio"/>	<input type="checkbox"/> Statutory employee
	<input checked="" type="radio"/>	<input type="checkbox"/> Retirement plan	<input checked="" type="radio"/>	<input type="checkbox"/> Retirement plan
	<input checked="" type="radio"/>	<input type="checkbox"/> Third-party sick pay	<input checked="" type="radio"/>	<input type="checkbox"/> Third-party sick pay
14. SDI, VPDI, or CA SDI (from box 14 or 19)	Type	Amount	Type	Amount
	<input checked="" type="radio"/> VPDI		<input checked="" type="radio"/>	
		94		
15. State and employer's state ID number	State	Employer's state ID number	State	Employer's state ID number
	<input checked="" type="radio"/> CA	20609061	<input checked="" type="radio"/>	
16. State wages, tips, etc.	<input checked="" type="radio"/>	12,528	<input checked="" type="radio"/>	
17. State income tax	<input checked="" type="radio"/>	499	<input checked="" type="radio"/>	



2017**Alternative Minimum Tax and
Credit Limitations — Residents****P (540)**

Attach this schedule to Form 540.

Name(s) as shown on Form 540

MANINDERPAL SINGH

Your SSN or ITIN

729-26-7200

Part I Alternative Minimum Taxable Income (AMTI) Important: See instructions for information regarding California/federal differences.

1	If you itemized deductions, go to line 2. If you did not itemize deductions, enter your standard deduction from Form 540, line 18, and go to line 6	1	4,236	00
2	Medical and dental expense. Enter the smaller of Schedule A (Form 1040), line 4, or 2½% (.025) of Form 1040, line 37	2		00
3	Personal property taxes and real property taxes. See instructions	3		00
4	Certain interest on a home mortgage not used to buy, build, or improve your home. See instructions	4		00
5	Miscellaneous itemized deductions. See instructions	5		00
6	Refund of personal property taxes and real property taxes. See instructions.	6		00
Do not include your state income tax refund on this line.				
7	Investment interest expense adjustment. See instructions.	7		00
8	Post-1986 depreciation. See instructions.	8		00
9	Adjusted gain or loss. See instructions	9		00
10	Incentive stock options and California qualified stock options (CQSOs). See instructions	10		00
11	Passive activities adjustment. See instructions	11		00
12	Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (541), line 12a	12		00
13	Other adjustment and preferences. Enter the amount, if any, for each item, a through l, and enter the total on line 13. See instructions.			
a	Circulation expenditures	g	Mining costs	00
b	Depletion	h	Patron's adjustment.	00
c	Installment sales	i	Pollution control facilities	00
d	Intangible drilling costs	j	Research and experimental	00
e	Long-term contracts	k	Tax shelter farm activities	00
f	Loss limitations	l	Related adjustments	00
		13		00
14	Total Adjustments and Preferences. Combine line 1 through line 13	14	4,236	00
15	Enter taxable income from Form 540, line 19. See instructions	15	8,292	00
16	Net operating loss (NOL) deductions from Schedule CA (540), line 21b, line 21d, and line 21e, column B. Enter as a positive amount.	16		00
17	AMTI exclusion. See instructions	17		00
18	If your federal adjusted gross income (AGI) is less than the amount for your filing status (listed below), skip this line and go to line 19. If you itemized deductions and your federal AGI is more than the amount for your filing status, see instructions.	18		00
	Single or married/RDP filing separately		\$187,203	
	Married/RDP filing jointly or qualifying widow(er)		\$374,411	
	Head of household		\$280,808	
19	Combine line 14 through line 18	19	12,528	00
20	Alternative minimum tax NOL deduction. See instructions	20		00
21	Alternative Minimum Taxable Income. Subtract line 20 from line 19 (if married/RDP filing separately and line 21 is more than \$355,690, see instructions).	21	12,528	00

Part II Alternative Minimum Tax (AMT)22 **Exemption Amount.** (If this schedule is for a certain child under age 24, see instructions.)

If your filing status is:

And line 21 is not over:

Enter on line 22:

Single or head of household

\$258,168

\$68,846

Married/RDP filing jointly or qualifying widow(er)

\$344,225

\$91,793

Married/RDP filing separately

\$172,110

\$45,895

If Part I, line 21 is more than the amount shown above for your filing status, see instructions.

22 68,846 00

23 Subtract line 22 from line 21. If zero or less, enter -0-. 23 00

24 Tentative Minimum Tax. Multiply line 23 by 7.0% (.07) 24 00

25 Regular tax before credits from Form 540, line 31 25 84 00

26 **Alternative Minimum Tax.** Subtract line 25 from line 24. If zero or less, enter -0- here and on Form 540, line 61. If more than zero, enter here and on Form 540, line 61. If you make estimated tax payments for taxable year 2018, enter amount from line 26 on the 2018 Form 540-ES, Estimated Tax Worksheet, line 16. (Exception: If you have carryover credit for solar energy or commercial solar energy, first enter the result on Side 2, Part III, Section C, line 22 or 23) 26 0 00

Part III Credits that Reduce Tax **Note:** Be sure to attach your credit forms to Form 540.

1 Enter the amount from Form 540, line 35. ☐ 1 0 00
2 Enter the tentative minimum tax from Side 1, Part II, line 24. ☐ 2 0 00

	(a) Credit amount	(b) Credit used this year	(c) Tax balance that may be offset by credits	(d) Credit carryover
Section A – Credits that reduce excess tax.				
3 Subtract line 2 from line 1. If zero or less enter -0- and see instructions. This is your excess tax which may be offset by credits. 3			<input type="radio"/> 0	
A1 Credits that reduce excess tax and have no carryover provisions.				
4 Code: 162 Prison inmate labor credit (FTB 3507) 4	0	<input type="radio"/> 0	0	
5 Code: 232 Child and dependent care expenses credit (FTB 3506) 5	0	<input type="radio"/> 0	0	
A2 Credits that reduce excess tax and have carryover provisions. See instructions.				
6 Code: <input type="radio"/> Credit Name: 6		<input type="radio"/>		<input type="radio"/>
7 Code: <input type="radio"/> Credit Name: 7		<input type="radio"/>		<input type="radio"/>
8 Code: <input type="radio"/> Credit Name: 8		<input type="radio"/>		<input type="radio"/>
9 Code: <input type="radio"/> Credit Name: 9		<input type="radio"/>		<input type="radio"/>
10 Code: 188 Credit for prior year alternative minimum tax. 10	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
Section B – Credits that may reduce tax below tentative minimum tax.				
11 If Part III, line 3 is zero, enter the amount from line 1. If line 3 is more than zero, enter the total of line 2 and the last entry in column (c). 11			<input type="radio"/> 0	
B1 Credits that reduce net tax and have no carryover provisions.				
12 Code: 170 Credit for joint custody head of household. 12	0	<input type="radio"/> 0	0	
13 Code: 173 Credit for dependent parent. 13	0	<input type="radio"/> 0	0	
14 Code: 163 Credit for senior head of household. 14	0	<input type="radio"/> 0	0	
15 Nonrefundable renter's credit. 15	60	<input type="radio"/> 0	0	
B2 Credits that reduce net tax and have carryover provisions. See instructions.				
16 Code: <input type="radio"/> Credit Name: 16		<input type="radio"/>		<input type="radio"/>
17 Code: <input type="radio"/> Credit Name: 17		<input type="radio"/>		<input type="radio"/>
18 Code: <input type="radio"/> Credit Name: 18		<input type="radio"/>		<input type="radio"/>
19 Code: <input type="radio"/> Credit Name: 19		<input type="radio"/>		<input type="radio"/>
B3 Other state tax credit.				
20 Code: 187 Other state tax credit. 20	0	<input type="radio"/> 0	0	
Section C – Credits that may reduce alternative minimum tax.				
21 Enter your alternative minimum tax from Side 1, Part II, line 26. 21			<input type="radio"/>	
22 Code: 180 Solar energy credit carryover from Section B2, column (d). 22		<input type="radio"/>		<input type="radio"/>
23 Code: 181 Commercial solar energy credit carryover from Section B2, column (d). 23		<input type="radio"/>		<input type="radio"/>
24 Adjusted AMT. Enter the balance from line 23, column (c) here and on Form 540, line 61. 24			<input type="radio"/>	



2017 California Earned Income Tax Credit**3514**

Attach to your California Form 540, Form 540 2EZ or Long or Short Form 540NR

Name(s) as shown on tax return

MANINDERPAL SINGH

SSN

729-26-7200

Before you begin:

If you claim the EITC even though you know you are not eligible, you may not be allowed to take the credit for up to 10 years.

Follow Step 1 through Step 7 in the instructions to determine if you meet the requirements, to complete this form, and to figure the amount of the credit.

If you are claiming the California Earned Income Tax Credit (EITC), you must provide your date of birth (DOB), and spouse's/RDP's DOB if filing jointly, on your California Form 540, Form 540 2EZ, or Long or Short Form 540NR.

Part I Qualifying Information See Specific Instructions.

- 1 a** Has the Internal Revenue Service (IRS) previously disallowed your federal Earned Income Credit (EIC)? ☒ Yes ☒ No
- b** Has the Franchise Tax Board (FTB) previously disallowed your California EITC? ☒ Yes ☒ No
- 2** Federal AGI (federal Form 1040, line 38; Form 1040A, line 22; or Form 1040EZ, line 4) **2** 12,528.00
- 3** Federal EIC (federal Form 1040, line 66a; Form 1040A, line 42a; or Form 1040EZ, line 8a) **3** 190.00

Part II Investment Income Information

- 4** Investment Income. See instructions for Step 2 – Investment Income **4** .00

Part III Qualifying Child InformationYou must complete Part I and Part II before filling out Part III. **If you are not claiming a qualifying child, skip Part III and go to Step 4 in the instructions.****Qualifying Child Information****Child 1****Child 2****Child 3**

- 5** First name ☒ ☐ ☐
- 6** Last name ☒ ☐ ☐
- 7** SSN ☒ ☐ ☐
- 8** Date of birth (mm/dd/yyyy). If born after 1998 **and** the child is younger than you (or your spouse/RDP, if filing jointly), skip line 9a and line 9b; go to line 10. . . . ☒ ☐ ☐
- 9 a** Was the child under age 24 at the end of 2017, a student, and younger than you (or your spouse/RDP, if filing jointly)? If yes, go to line 10. If no, go to line 9b. See instructions. . . . ☒ Yes ☐ No
- b** Was the child permanently and totally disabled during any part of 2017? If yes, go to line 10. If no, stop here. The child is not a qualifying child. . . . ☒ Yes ☐ No
- 10** Child's relationship to you. See instructions. . . . ☒ ☐ ☐
- 11** Number of days child lived with you in California during 2017. Do not enter more than 365 days. See instructions. . . . ☒ ☐ ☐

	Child 1	Child 2	Child 3
12 a Child's physical address during 2017 (number, street, and apt. no./ste. no.). See instructions.	<input type="text"/>	<input type="text"/>	<input type="text"/>
b City.	<input type="text"/>	<input type="text"/>	<input type="text"/>
c State.	<input type="text"/>	<input type="text"/>	<input type="text"/>
d ZIP code.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part IV California Earned Income

13 Wages, salaries, tips, and other employee compensation, subject to California withholding. See instructions.	12,528	00
14 Prison inmate wages. See instructions.		00
15 Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan. See instructions.		00
16 Subtract line 14 and line 15 from line 13.	12,528	00
17 Nontaxable combat pay. See instructions.		00
18 Business income or (loss). Enter amount from Worksheet 3, line 5. See instructions.		00
a Business name. <input type="text"/>		
b Business address. <input type="text"/>		
City, state, and zip code. <input type="text"/>		
c Business license number. <input type="text"/>		
d SEIN. <input type="text"/>		
e Business code. <input type="text"/>		
19 California Earned Income. Add line 16, line 17, and line 18.	12,528	00

Part V California Earned Income Tax Credit (Complete Step 6 in the instructions.)

20 California EITC. Enter amount from California Earned Income Tax Credit Worksheet, Part III, line 6. This amount should also be entered on Form 540, line 75; or Form 540 2EZ, Line 23	26	00
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Part VI Nonresident or Part-Year Resident California Earned Income Tax Credit

21 CA Exemption Credit Percentage from Form 540NR (Long or Short), line 38.	
22 Nonresident or Part-Year Resident EITC. Multiply line 20 by line 21. This amount should also be entered on Form 540NR (Long or Short), line 85	00

