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Scenario

Sandy Eggo

- Citizen of Pandora
- Arrived in California on 7/1/2023
- Spent the remainder of 2023 in CA
- Filing a 1040NR tax return for 2023
- Single

Sandy has the following income for 2023:

Wages earned in California	\$50,000
\$30,000 paid from California Institution	
\$20,000 paid from Pandoran employer	
(\$5,000 of the above is exempt on 1040NR from tax treaty)	
• Wages earned in Pandora before 7/1/2023	\$8,000
• Interest Income	\$500

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Section C - Miscellaneous Income	A	B	C	D	E
1. Alimony received	0	0	0	0	0
2. Dividend and interest income	0	0	0	0	0
3. Rental income	0	0	0	0	0
4. Other income	0	0	0	0	0
Total	0	0	0	0	0
5. Total income	25,000	0	33,500	58,500	50,250

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Section C - Miscellaneous Income	A	B	C	D	E
1. Alimony received	0	0	0	0	0
2. Dividend and interest income	0	0	0	0	0
3. Rental income	0	0	0	0	0
4. Other income	0	0	0	0	0
Total	0	0	0	0	0
5. Total income	25,000	0	33,500	58,500	50,250

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2023
 33-0000000
 43-45-6789
 Research Institute
 La Jolla, CA 92037
 Sandy Eggo
 1122 Ocean Drive
 San Diego, CA 92108
 CA 123-45-6789 30,000 2,446

Box 17: State Incomes Tax

W-2 Wage and Tax Statement 2023

Total Itemized Deductions:
 State Income Tax \$2,446
 Charitable Donation \$ 75
 Total \$2,521

During 2023, Sandy donated \$75 to The Puppy Program.

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Part III Adjustments to Federal Taxable Deductions			
Category and Full Name	A	B	C
1. Charitable contributions (other than net qualified disaster losses) (attach Schedule A)	100	0	0
2. Other itemized deductions (attach Schedule A)	100	0	0
Total itemized deductions	200	0	0
3. AGI from 1, 2, 3, 10, 11, 12, and 13 (column A, B, and C)	100	2,521	2,446
Total (Combine line 17 column A and column 3 plus column C)			75

Job Expenses and Certain Miscellaneous Deductions			
16. Unreimbursed employee expenses (job travel, union dues, job education, etc.) (attach Schedule Form 2106 if required. See instructions.)	0		
17. Other expenses (meals, travel, lodging, etc.) (attach Form 2106)	0		
18. Add line 16 through line 17	0		
19. Enter amount from Schedule Form 1042-S or 1042-SB, line 11	0		
20. Multiply line 19 by 0.02. If the result is more than line 19, enter 0	0		
21. Total Miscellaneous Deductions. Add line 18 and line 20	0		75
22. Other adjustments. See instructions. Specify	0		
23. Combine line 21 and line 22	0		
24. Is your federal AGI from 2020, line 10 more than the amount shown below for your filing status? Single or married filing jointly: \$20,000 Head of household: \$20,000 Married filing jointly or qualifying surviving spouse: \$24,000			
Yes. Complete the Miscellaneous Deductions Worksheet in the instructions for Schedule CA (54985), line 20	0		
25. Enter the larger of the amount on line 23 or your adjusted deduction shown below: Single or married filing jointly: \$0 Married filing jointly, head of household, or qualifying surviving spouse: \$18,700	0		5,363

Part IV California Taxable Income			
1. California AGI (from Form 1041 or Form 1042-S, column 1)	0	5,363	50,250
2. Other adjustments from line 23	0		
3. Disability Payment. Enter Part 3, line 27, column 1 by Part 4, line 27, column 3. Copy the amount from line 24 to line 25. If the result is greater than 1,000, enter 1,000. If less than zero, enter 0.	0	8,990	4,607
4. California Nonrefundable Tax Credits. Multiply line 2 by the percentage on line 4.	0		
5. California Taxable Income. Subtract line 4 from line 1. Transfer this amount to Form 54000, line 20. If less than zero, enter 0.	0		61,454

60,250/58,500 = 0.8590

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Part III Adjustments to Federal Taxable Deductions			
Category and Full Name	A	B	C
1. Charitable contributions (other than net qualified disaster losses) (attach Schedule A)	100	0	0
2. Other itemized deductions (attach Schedule A)	100	0	0
Total itemized deductions	200	0	0
3. AGI from 1, 2, 3, 10, 11, 12, and 13 (column A, B, and C)	100	2,521	2,446
Total (Combine line 17 column A and column 3 plus column C)			75

Job Expenses and Certain Miscellaneous Deductions			
16. Unreimbursed employee expenses (job travel, union dues, job education, etc.) (attach Schedule Form 2106 if required. See instructions.)	0		
17. Other expenses (meals, travel, lodging, etc.) (attach Form 2106)	0		
18. Add line 16 through line 17	0		
19. Enter amount from Schedule Form 1042-S or 1042-SB, line 11	0		
20. Multiply line 19 by 0.02. If the result is more than line 19, enter 0	0		
21. Total Miscellaneous Deductions. Add line 18 and line 20	0		75
22. Other adjustments. See instructions. Specify	0		
23. Combine line 21 and line 22	0		
24. Is your federal AGI from 2020, line 10 more than the amount shown below for your filing status? Single or married filing jointly: \$20,000 Head of household: \$20,000 Married filing jointly or qualifying surviving spouse: \$24,000			
Yes. Complete the Miscellaneous Deductions Worksheet in the instructions for Schedule CA (54985), line 20	0		
25. Enter the larger of the amount on line 23 or your adjusted deduction shown below: Single or married filing jointly: \$0 Married filing jointly, head of household, or qualifying surviving spouse: \$18,700	0		5,363

Part IV California Taxable Income			
1. California AGI (from Form 1041 or Form 1042-S, column 1)	0	5,363	50,250
2. Other adjustments from line 23	0		
3. Disability Payment. Enter Part 3, line 27, column 1 by Part 4, line 27, column 3. Copy the amount from line 24 to line 25. If the result is greater than 1,000, enter 1,000. If less than zero, enter 0.	0	8,990	4,607
4. California Nonrefundable Tax Credits. Multiply line 2 by the percentage on line 4.	0		
5. California Taxable Income. Subtract line 4 from line 1. Transfer this amount to Form 54000, line 20. If less than zero, enter 0.	0		61,454

5,363 x .8590 = 4,607

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Part III Adjustments to Federal Taxable Deductions			
Category and Full Name	A	B	C
1. Charitable contributions (other than net qualified disaster losses) (attach Schedule A)	100	0	0
2. Other itemized deductions (attach Schedule A)	100	0	0
Total itemized deductions	200	0	0
3. AGI from 1, 2, 3, 10, 11, 12, and 13 (column A, B, and C)	100	2,521	2,446
Total (Combine line 17 column A and column 3 plus column C)			75

Job Expenses and Certain Miscellaneous Deductions			
16. Unreimbursed employee expenses (job travel, union dues, job education, etc.) (attach Schedule Form 2106 if required. See instructions.)	0		
17. Other expenses (meals, travel, lodging, etc.) (attach Form 2106)	0		
18. Add line 16 through line 17	0		
19. Enter amount from Schedule Form 1042-S or 1042-SB, line 11	0		
20. Multiply line 19 by 0.02. If the result is more than line 19, enter 0	0		
21. Total Miscellaneous Deductions. Add line 18 and line 20	0		75
22. Other adjustments. See instructions. Specify	0		
23. Combine line 21 and line 22	0		
24. Is your federal AGI from 2020, line 10 more than the amount shown below for your filing status? Single or married filing jointly: \$20,000 Head of household: \$20,000 Married filing jointly or qualifying surviving spouse: \$24,000			
Yes. Complete the Miscellaneous Deductions Worksheet in the instructions for Schedule CA (54985), line 20	0		
25. Enter the larger of the amount on line 23 or your adjusted deduction shown below: Single or married filing jointly: \$0 Married filing jointly, head of household, or qualifying surviving spouse: \$18,700	0		5,363

Part IV California Taxable Income			
1. California AGI (from Form 1041 or Form 1042-S, column 1)	0	5,363	50,250
2. Other adjustments from line 23	0		
3. Disability Payment. Enter Part 3, line 27, column 1 by Part 4, line 27, column 3. Copy the amount from line 24 to line 25. If the result is greater than 1,000, enter 1,000. If less than zero, enter 0.	0	8,990	4,607
4. California Nonrefundable Tax Credits. Multiply line 2 by the percentage on line 4.	0		
5. California Taxable Income. Subtract line 4 from line 1. Transfer this amount to Form 54000, line 20. If less than zero, enter 0.	0		65,643

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2023 California Nonresident or Part-Year Resident Income Tax Return **540NR**

Check here if this is an amended return. Fiscal year (file only). Enter month of year and month, year 2024.

First Name: SANDY Last Name: EGGO Social Security Number: 123-45-6789

Address: 1122 OCEAN DRIVE SAN DIEGO CA 92108

City: SAN DIEGO State: CA ZIP: 92108

Phone Number: (652) 219-9891

Marital Status: Single Head of household (with qualifying person) See instructions. Married (RDP) (file jointly with R) Qualifying surviving spouse (RDP) Enter your spouse's RDP date. See instructions. Married (RDP) (file separately). Enter spouse's RDP date or ITIN date and full name here.

Dependent: Yes No

Exemption: None Single Married Head of household Qualifying surviving spouse Dependent. See instructions.

Total dependent exemption: 0

Form 540NR 2023 Side 1

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Your name: SANDY EGGO Year: 2023 or ITIN: 123456789

11 Example amount. Add line 7 through line 10. 0 144

12 Total California wages from your federal Form W-2. See line 7.

13 Enter federal AGI from federal forms 1041, 1042-SS, or 1099-INT. See instructions.

14 California qualified dividends. Enter the amount from Schedule CA (540NR), Part 8, line 21, column D.

15 California qualified interest. Enter the amount from Schedule CA (540NR), Part 8, line 21, column E.

16 California qualified capital gains. Enter the amount from Schedule CA (540NR), Part 8, line 21, column F.

17 Adjusted gross income from all sources. Combine line 11 and line 12. Enter the larger of "Your California resident adjusted gross income" from Schedule CA (540NR), Part 8, line 20, or the California resident adjusted gross income. See instructions.

18 Subtract line 13 from line 17. This is your **total taxable income**. If less than zero, enter 0.

19 Tax. Check the box for: Tax Table Tax Rate Schedule

20 CA adjusted gross income. See instructions.

21 CA taxable income from Schedule CA (540NR), Part 6, line 10.

22 CA Tax Before Credits. Divide line 21 by line 19.

23 CA Tax Before Credit Refund. Multiply line 22 by line 20.

24 CA Credit Refund. Subtract line 23 from line 22. Check the box if line 24 is less than zero, enter 0.

25 Total tax. See instructions. Check the box if line 25 is less than zero, enter 0.

26 Add tax refund.

27 Nonrefundable Child and Dependent Care Exemption Credit. See instructions. Enter line 27B from 540NR.

28 Credit for prior tax year. See instructions.

29 Credit for dependent parent. See instructions. Credit for prior year head of household. See instructions.

30 Credit percentage. Enter the amount from line 28 here. If more than 1, enter 1000. See instructions.

31 Credit amount. See instructions.

Form 540NR 2023 Side 2

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Your name: **SANDY EGGO** Your SSN or ITIN: **12248789** **144**

11 Example amount: Add line 1 through line 10 **144**

12 Total California wages from your federal Form(s) W-2, line 9 **30,000**

13 State Income Tax Refund from Federal Form(s) 1041, 1042-SS, or 1042-SR, line 10 **25,000**

14 California adjustments - deductions. Enter the amount from Schedule CA (54989), Part II, line 11, column C **0**

15 California adjustments - additions. Enter the amount from Schedule CA (54989), Part I, line 11, column C **25,000**

16 Adjusted gross income from all sources. Combine line 12 and line 13 **55,000**

17 Enter the wages on your California amended deduction form Schedule CA (54989), Part II, line 18, for your California amended deduction. See instructions **5,363**

18 Subtract line 17 from line 16. This is your **total taxable income**. If less than zero, enter 0 **53,137**

19 Tax. Check the box that applies: **No State** **No State Schedule**

20 CA adjusted gross income from Schedule CA (54989), Part IV, line 1 **1,809**

21 CA taxable income from Schedule CA (54989), Part V, line 5 **50,250**

22 CA taxable income from Schedule CA (54989), Part V, line 5 **45,643**

23 CA Tax Rate. Check line 21 to line 19 **0.0340**

24 CA Tax Before Exemption Credits. Multiply line 23 by line 19 **1,552**

25 CA Exemption Credit Percentage. Multiply line 24 by line 19 **1,809**

26 CA Exemption Credit Percentage. Multiply line 24 by line 19 **1,809**

27 CA Exemption Credit Percentage. Multiply line 24 by line 19 **1,809**

28 CA Exemption Credit Percentage. Multiply line 24 by line 19 **1,809**

29 CA Exemption Credit Percentage. Multiply line 24 by line 19 **1,809**

30 CA Exemption Credit Percentage. Multiply line 24 by line 19 **1,809**

31 CA Exemption Credit Percentage. Multiply line 24 by line 19 **1,809**

32 CA Exemption Credit Percentage. Multiply line 24 by line 19 **1,809**

33 CA Exemption Credit Percentage. Multiply line 24 by line 19 **1,809**

34 CA Exemption Credit Percentage. Multiply line 24 by line 19 **1,809**

35 CA Exemption Credit Percentage. Multiply line 24 by line 19 **1,809**

36 CA Exemption Credit Percentage. Multiply line 24 by line 19 **1,809**

37 CA Exemption Credit Percentage. Multiply line 24 by line 19 **1,809**

38 CA Exemption Credit Percentage. Multiply line 24 by line 19 **1,809**

39 CA Exemption Credit Percentage. Multiply line 24 by line 19 **1,809**

40 CA Exemption Credit Percentage. Multiply line 24 by line 19 **1,809**

41 Tax. See instructions. Check the box that applies: **Headed C-1** **PS 1010** **PS 1010**

42 Add line 41 and line 37 **1,809**

43 Refundable Child and Dependent Care Expenses Credit. See instructions. From line 37, line 38 **0**

44 Credit for paid family head of household. See instructions **0**

45 Credit for dependent parent. See instructions **0**

46 Credit for aged head of household. See instructions **0**

47 Credit percentage. Enter the amount from line 38 **0**

48 From line 1, letter 1, 2000. See instructions **0**

49 Credit amount. See instructions **0**

50 From Form 34000 2023 **337** **312223**

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Your name: **SANDY EGGO** Your SSN or ITIN: **12248789** **144**

11 Example amount: Add line 1 through line 10 **144**

12 Total California wages from your federal Form(s) W-2, line 9 **30,000**

13 State Income Tax Refund from Federal Form(s) 1041, 1042-SS, or 1042-SR, line 10 **25,000**

14 California adjustments - deductions. Enter the amount from Schedule CA (54989), Part II, line 11, column C **0**

15 California adjustments - additions. Enter the amount from Schedule CA (54989), Part I, line 11, column C **25,000**

16 Adjusted gross income from all sources. Combine line 12 and line 13 **55,000**

17 Enter the wages on your California amended deduction form Schedule CA (54989), Part II, line 18, for your California amended deduction. See instructions **5,363**

18 Subtract line 17 from line 16. This is your **total taxable income**. If less than zero, enter 0 **53,137**

19 Tax. Check the box that applies: **No State** **No State Schedule**

20 CA adjusted gross income from Schedule CA (54989), Part IV, line 1 **1,809**

21 CA taxable income from Schedule CA (54989), Part V, line 5 **50,250**

22 CA taxable income from Schedule CA (54989), Part V, line 5 **45,643**

23 CA Tax Rate. Check line 21 to line 19 **0.0340**

24 CA Tax Before Exemption Credits. Multiply line 23 by line 19 **1,552**

25 CA Exemption Credit Percentage. Multiply line 24 by line 19 **1,809**

26 CA Exemption Credit Percentage. Multiply line 24 by line 19 **1,809**

27 CA Exemption Credit Percentage. Multiply line 24 by line 19 **1,809**

28 CA Exemption Credit Percentage. Multiply line 24 by line 19 **1,809**

29 CA Exemption Credit Percentage. Multiply line 24 by line 19 **1,809**

30 CA Exemption Credit Percentage. Multiply line 24 by line 19 **1,809**

31 CA Exemption Credit Percentage. Multiply line 24 by line 19 **1,809**

32 CA Exemption Credit Percentage. Multiply line 24 by line 19 **1,809**

33 CA Exemption Credit Percentage. Multiply line 24 by line 19 **1,809**

34 CA Exemption Credit Percentage. Multiply line 24 by line 19 **1,809**

35 CA Exemption Credit Percentage. Multiply line 24 by line 19 **1,809**

36 CA Exemption Credit Percentage. Multiply line 24 by line 19 **1,809**

37 CA Exemption Credit Percentage. Multiply line 24 by line 19 **1,809**

38 CA Exemption Credit Percentage. Multiply line 24 by line 19 **1,809**

39 CA Exemption Credit Percentage. Multiply line 24 by line 19 **1,809**

40 CA Exemption Credit Percentage. Multiply line 24 by line 19 **1,809**

41 Tax. See instructions. Check the box that applies: **Headed C-1** **PS 1010** **PS 1010**

42 Add line 41 and line 37 **1,809**

43 Refundable Child and Dependent Care Expenses Credit. See instructions. From line 37, line 38 **0**

44 Credit for paid family head of household. See instructions **0**

45 Credit for dependent parent. See instructions **0**

46 Credit for aged head of household. See instructions **0**

47 Credit percentage. Enter the amount from line 38 **0**

48 From line 1, letter 1, 2000. See instructions **0**

49 Credit amount. See instructions **0**

50 From Form 34000 2023 **337** **312223**

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Your name: **SANDY EGGO** Your SSN or ITIN: **12248789** **144**

11 Example amount: Add line 1 through line 10 **144**

12 Total California wages from your federal Form(s) W-2, line 9 **30,000**

13 State Income Tax Refund from Federal Form(s) 1041, 1042-SS, or 1042-SR, line 10 **25,000**

14 California adjustments - deductions. Enter the amount from Schedule CA (54989), Part II, line 11, column C **0**

15 California adjustments - additions. Enter the amount from Schedule CA (54989), Part I, line 11, column C **25,000**

16 Adjusted gross income from all sources. Combine line 12 and line 13 **55,000**

17 Enter the wages on your California amended deduction form Schedule CA (54989), Part II, line 18, for your California amended deduction. See instructions **5,363**

18 Subtract line 17 from line 16. This is your **total taxable income**. If less than zero, enter 0 **53,137**

19 Tax. Check the box that applies: **No State** **No State Schedule**

20 CA adjusted gross income from Schedule CA (54989), Part IV, line 1 **1,809**

21 CA taxable income from Schedule CA (54989), Part V, line 5 **50,250**

22 CA taxable income from Schedule CA (54989), Part V, line 5 **45,643**

23 CA Tax Rate. Check line 21 to line 19 **0.0340**

24 CA Tax Before Exemption Credits. Multiply line 23 by line 19 **1,552**

25 CA Exemption Credit Percentage. Multiply line 24 by line 19 **1,809**

26 CA Exemption Credit Percentage. Multiply line 24 by line 19 **1,809**

27 CA Exemption Credit Percentage. Multiply line 24 by line 19 **1,809**

28 CA Exemption Credit Percentage. Multiply line 24 by line 19 **1,809**

29 CA Exemption Credit Percentage. Multiply line 24 by line 19 **1,809**

30 CA Exemption Credit Percentage. Multiply line 24 by line 19 **1,809**

31 CA Exemption Credit Percentage. Multiply line 24 by line 19 **1,809**

32 CA Exemption Credit Percentage. Multiply line 24 by line 19 **1,809**

33 CA Exemption Credit Percentage. Multiply line 24 by line 19 **1,809**

34 CA Exemption Credit Percentage. Multiply line 24 by line 19 **1,809**

35 CA Exemption Credit Percentage. Multiply line 24 by line 19 **1,809**

36 CA Exemption Credit Percentage. Multiply line 24 by line 19 **1,809**

37 CA Exemption Credit Percentage. Multiply line 24 by line 19 **1,809**

38 CA Exemption Credit Percentage. Multiply line 24 by line 19 **1,809**

39 CA Exemption Credit Percentage. Multiply line 24 by line 19 **1,809**

40 CA Exemption Credit Percentage. Multiply line 24 by line 19 **1,809**

41 Tax. See instructions. Check the box that applies: **Headed C-1** **PS 1010** **PS 1010**

42 Add line 41 and line 37 **1,809**

43 Refundable Child and Dependent Care Expenses Credit. See instructions. From line 37, line 38 **0**

44 Credit for paid family head of household. See instructions **0**

45 Credit for dependent parent. See instructions **0**

46 Credit for aged head of household. See instructions **0**

47 Credit percentage. Enter the amount from line 38 **0**

48 From line 1, letter 1, 2000. See instructions **0**

49 Credit amount. See instructions **0**

50 From Form 34000 2023 **337** **312223**

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Your name: SANDY EGGO Your SSN or ITIN: 322482789

101 Other credit: 0
 102 Other credit: 0
 103 To claim more than two credits, see instructions. Attach Schedule P (2484R)
 104 Nonrefundable Renter's Credit. See instructions. 0
 105 **1,428**

106 California estimated tax and other payments. See instructions. 0
 107 Withholding (from 1099-B and/or Form 1099). See instructions. 0
 108 Excess 529 or 529A withdrawal. See instructions. 0
 109 Excess income tax credits (PTCL). See instructions. 0
 110 Young Child Tax Credit (YCTC). See instructions. 0
 111 Foster Youth Tax Credit (FYTC). See instructions. 0
 112 Add line 101 through line 107. These are your total payments. See instructions. 0

113 If you and your spouse had 1099-K health care coverage, check the box. See instructions. Attach Form 1099-K to your return.
 114 If you did not check the box, you are not claiming health care coverage.
 115 Individual Shared Responsibility (ISR) Penalty. See instructions. 0

116 Payments after Individual Shared Responsibility Penalty. If the 10 is more than line 11, subtract line 11 from line 16.
 117 Individual Shared Responsibility Penalty Balance. If line 11 is more than line 16, subtract line 16 from line 11.
 118 Overpaid tax. If line 10 is more than line 14, subtract line 14 from line 10.
 119 Amount of line 10 you want applied to your 2024 estimated tax.
 120 Overpaid tax available this year. Subtract line 119 from line 118.

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Your name: SANDY EGGO Your SSN or ITIN: 322482789

101 Other credit: 0
 102 Other credit: 0
 103 To claim more than two credits, see instructions. Attach Schedule P (2484R)
 104 Nonrefundable Renter's Credit. See instructions. 0
 105 **1,428**

106 California estimated tax and other payments. See instructions. 0
 107 Withholding (from 1099-B and/or Form 1099). See instructions. 0
 108 Excess 529 or 529A withdrawal. See instructions. 0
 109 Excess income tax credits (PTCL). See instructions. 0
 110 Young Child Tax Credit (YCTC). See instructions. 0
 111 Foster Youth Tax Credit (FYTC). See instructions. 0
 112 Add line 101 through line 107. These are your total payments. See instructions. 0

113 If you and your spouse had 1099-K health care coverage, check the box. See instructions. Attach Form 1099-K to your return.
 114 If you did not check the box, you are not claiming health care coverage.
 115 Individual Shared Responsibility (ISR) Penalty. See instructions. 0

116 Payments after Individual Shared Responsibility Penalty. If the 10 is more than line 11, subtract line 11 from line 16.
 117 Individual Shared Responsibility Penalty Balance. If line 11 is more than line 16, subtract line 16 from line 11.
 118 Overpaid tax. If line 10 is more than line 14, subtract line 14 from line 10.
 119 Amount of line 10 you want applied to your 2024 estimated tax.
 120 Overpaid tax available this year. Subtract line 119 from line 118.

3113223 Form 5498R 2023 904-1

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123-45-6789

33-0000000

Research Institute
La Jolla, Ca 92037

Sandy Eggo
1122 Ocean Drive
San Diego, Ca 92108

CA 123-45-6789 30,000 **2,446**

W-2 Wage and Tax Statement 2023

Box 17: State Income Tax

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Your name: SANDY EGGO Your SSN or ITIN: 123456789

18 Enter credit name, code, and amount. 19 To claim more than two credits, see instructions. Attach Schedule P (2484R). 20 Nonrefundable Renter's Credit. See instructions. 21 Add line 18 and line 19 through line 20. These are your total credits. 22 Subtract line 22 from line 42. If less than zero, enter -0-

23 Alternative Minimum Tax. Attach Schedule P (2484R). 24 Medical Health Services Tax. See instructions. 25 Other taxes and credits reported. See instructions. 26 Add line 23, line 24, line 25, and line 22. This is your total tax.

27 California income tax withheld and other payments. See instructions. 28 2023 California estimated tax and other payments. See instructions. 29 Withholding (over 600) and other Form 1042-S. See instructions. 30 Excess 529 or 529A withdrawal. See instructions. 31 Earned Income Tax Credit (EITC). See instructions. 32 Nonrefundable Child Tax Credit (CTC). See instructions. 33 Renter's Health Tax Credit (HTC). See instructions. 34 Add line 27 through line 33. These are your total payments. See instructions.

35 If you and your spouse had 100-hour health care coverage, check the box. See instructions. Attach Form 1042-S for coverage in another health care coverage. If you did not check the box, see instructions. 36 Individual Shared Responsibility (ISR) Penalty. See instructions.

37 Payments after Individual Shared Responsibility Penalty. If the ISR is more than line 35, subtract line 37 from line 36. 38 Individual Shared Responsibility Penalty. If line 37 is more than line 36, subtract line 38 from line 36. 39 Overpaid tax. If line 38 is more than line 34, subtract line 39 from line 34. 40 Amount of line 39 you want applied to your 2024 estimated tax. 41 Overpaid tax available this year. Subtract line 40 from line 39.

377 1133223 Form 5498-2023 904-1

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Your name: SANDY EGGO Your SSN or ITIN: 123456789

18 Enter credit name, code, and amount. 19 To claim more than two credits, see instructions. Attach Schedule P (2484R). 20 Nonrefundable Renter's Credit. See instructions. 21 Add line 18 and line 19 through line 20. These are your total credits. 22 Subtract line 22 from line 42. If less than zero, enter -0-

23 Alternative Minimum Tax. Attach Schedule P (2484R). 24 Medical Health Services Tax. See instructions. 25 Other taxes and credits reported. See instructions. 26 Add line 23, line 24, line 25, and line 22. This is your total tax.

27 California income tax withheld and other payments. See instructions. 28 2023 California estimated tax and other payments. See instructions. 29 Withholding (over 600) and other Form 1042-S. See instructions. 30 Excess 529 or 529A withdrawal. See instructions. 31 Earned Income Tax Credit (EITC). See instructions. 32 Nonrefundable Child Tax Credit (CTC). See instructions. 33 Renter's Health Tax Credit (HTC). See instructions. 34 Add line 27 through line 33. These are your total payments. See instructions.

35 If you and your spouse had 100-hour health care coverage, check the box. See instructions. Attach Form 1042-S for coverage in another health care coverage. If you did not check the box, see instructions. 36 Individual Shared Responsibility (ISR) Penalty. See instructions.

37 Payments after Individual Shared Responsibility Penalty. If the ISR is more than line 35, subtract line 37 from line 36. 38 Individual Shared Responsibility Penalty. If line 37 is more than line 36, subtract line 38 from line 36. 39 Overpaid tax. If line 38 is more than line 34, subtract line 39 from line 34. 40 Amount of line 39 you want applied to your 2024 estimated tax. 41 Overpaid tax available this year. Subtract line 40 from line 39.

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Your name: SANDY EGGO Your SSN or ITIN: 123456789

18a Tax. If line 18a is less than line 74, subtract line 18a from line 74.

18b California Special Fund. See instructions. 18c Alzheimer's Disease and Related Disorders Voluntary Tax Contribution Fund. 18d Rare and Endangered Species Preservation Voluntary Tax Contribution Program. 18e California Breast Cancer Research Voluntary Tax Contribution Fund. 18f California Endangered Species Voluntary Tax Contribution Fund. 18g Emergency Fund for Families Voluntary Tax Contribution Fund. 18h California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund. 18i California Sea Otter Volunteer Tax Contribution Fund. 18j California Cancer Research Voluntary Tax Contribution Fund. 18k School Supplies for Homeless Children Voluntary Tax Contribution Fund. 18l State Parks Protection Fund/State Parks Foundation. 18m Project Owl and Osprey Voluntary Tax Contribution Fund. 18n Keep Kids in Schools Voluntary Tax Contribution Fund. 18o California Senior Citizen Advisory Voluntary Tax Contribution Fund. 18p Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund. 18q Page 433 Building Voluntary Tax Contribution Fund. 18r South Peninsula Voluntary Tax Contribution Fund. 18s Mental Health Crisis Prevention Voluntary Tax Contribution Fund. 18t Add amounts in codes 400 through code 495. This is your total contribution.

377 1133223 Form 5498-2023 904-1

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**For
Additional
Help**

Toll free
phone number
1-800-852-5711

Internet
ftb.ca.gov
[https://www.ftb.ca.gov/help/
contact/chat.html](https://www.ftb.ca.gov/help/contact/chat.html)

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