

California Nonresident or Part-Year Resident Income Tax Return

ATTACH FEDERAL RETURN

412-57-9727 ROBI
REBECCA A ROBINSON

22

PO BOX 2852
CLEVELAND TN 37320

01-12-1981

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

Filing Status section with checkboxes for Single, Head of household, Married/RDP filing jointly, Qualifying surviving spouse/RDP, Married/RDP filing separately, and dependent status.

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.

Exemptions section including Personal, Blind, Senior, and Dependents. Includes fields for dependent names, last names, SSNs, and relationships, with a total exemption calculation of 866.

Your name:  Your SSN or ITIN:

11 Exemption amount: Add line 7 through line 10  11 \$

**Total Taxable Income**

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

13 Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11.  13

14 California adjustments – subtractions. Enter the amount from Schedule CA (540NR), Part II, line 27, column B.  14

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions.  15

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

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

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

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

Tax Table  Tax Rate Schedule

31 Tax. Check the box if from:  FTB 3800  FTB 3803  31

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

35 CA Taxable Income from Schedule CA (540NR), Part IV, line 5  35

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

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

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

39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$229,908, see instructions  39

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

41 Tax. See instructions. Check the box if from:  Schedule G-1  FTB 5870A  41

42 Add line 40 and line 41.  42

**Special Credits**

50 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506.  50

51 Credit for joint custody head of household. See instructions  51

52 Credit for dependent parent. See instructions  52

53 Credit for senior head of household. See instructions  53

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

Your name:  Your SSN or ITIN:

**Special Credits continued**

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

**Payments**

- 81 California income tax withheld. See instructions  81  .00
- 82 2022 CA estimated tax and other payments. See instructions  82  .00
- 83 Withholding (Form 592-B and/or 593). See instructions  83  .00
- 84 Excess SDI (or VPDI) withheld. See instructions  84  .00
- 85 Earned Income Tax Credit (EITC)  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  .00

**IRS 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  .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 2023 estimated tax  102  .00
- 103 Overpaid tax available this year. Subtract line 102 from line 101  103  .00

Your name: ROBINSON

Your SSN or ITIN: 412579727

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

		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
Rape Kit Backlog Voluntary Tax Contribution Fund . . . . .	●	440	.00
Suicide Prevention Voluntary Tax Contribution Fund . . . . .	●	444	.00
Mental Health Crisis Prevention Voluntary Tax Contribution Fund. . . . .	●	445	.00
California Community and Neighborhood Tree Voluntary Tax Contribution Fund . . . . .	●	446	.00
120 Add code 400 through code 446. This is your total contribution . . . . .	●	120	.00

Contributions

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 0 .00  
 Pay Online – Go to **ftb.ca.gov/pay** for more information.

Your name:  Your SSN or ITIN:

**Interest and Penalties**

122 Interest, late return penalties, and late payment penalties . . . . . 122  .00

123 Underpayment of estimated tax.

Check the box:  FTB 5805 attached  FTB 5805F attached . . . . .  123  .00

124 Total amount due. See instructions. Enclose, but **do not** staple, any payment . . . . . 124  .00

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:

**Refund and Direct Deposit**

Routing number  Type  Account number  126 Direct deposit amount

Checking   .00

Savings

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

Routing number  Type  Account number  127 Direct deposit amount

Checking   .00

Savings

**Voter Info.** For voter registration information, check the box and go to [sos.ca.gov/elections](http://sos.ca.gov/elections). See instructions . . . . .

**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](http://ftb.ca.gov/privacy) to learn about our privacy policy statement, or go to [ftb.ca.gov/forms](http://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)

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**)

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

**2022**

**Wage and Tax Statement**

**W-2**

**Important: Attach this schedule to the back of your original or amended Form 540, Form 540 2EZ, or Form 540NR.**

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

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

**W-2 Information**

a. Employee's social security number\*  412579727

c. Employer's name  LUNALU, INC

b. Employer identification number (EIN)  462810014

Employer's address  508 WELLS ST

City  CHATTANOOGA State  TN ZIP code  37405

e. Employee's first name\*  REBECCA Initial\*  A Last name\*  ROBINSON Suffix\*

f. Employee's address\*  PO BOX 2852

City\*  CLEVELAND State\*  TN ZIP code\*  37320

1. <input type="radio"/> Wages, tips, other compensation <input type="radio"/> 7,500	4. <input type="radio"/> Social security tax withheld <input type="radio"/> 465	8. <input type="radio"/> Allocated tips (not included in box 1) <input type="radio"/>
2. <input type="radio"/> Federal income tax withheld <input type="radio"/> 804	6. <input type="radio"/> Medicare tax withheld <input type="radio"/> 109	10. <input type="radio"/> Dependent care benefits <input type="radio"/>
3. <input type="radio"/> Social security wages <input type="radio"/> 7,500	7. <input type="radio"/> Social security tips <input type="radio"/>	11. <input type="radio"/> Nonqualified plans <input type="radio"/>

12. Codes and amounts

12a. <input type="radio"/> Code <input type="radio"/> Amount <input type="radio"/>	12c. <input type="radio"/> Code <input type="radio"/> Amount <input type="radio"/>
12b. <input type="radio"/> Code <input type="radio"/> Amount <input type="radio"/>	12d. <input type="radio"/> Code <input type="radio"/> Amount <input type="radio"/>

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay

Statutory employee  Retirement plan  Third-party sick pay

14. SDI, VPDI, or CA SDI (from federal Form W-2, box 14 or 19)

Type  Amount

16. State wages, tips, etc.  405

15. State and employer's state ID number

State  Employer's state ID number

17. State income tax  258

**Franchise Tax Board Privacy Notice on Collection**

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

# California Adjustments - 2022 Nonresidents or Part-Year Residents

## CA (540NR)

**Important:** Attach this schedule behind Form 540NR, Side 5 as a supporting California schedule.

Name(s) as shown on tax return <b>REBECCA A ROBINSON</b>	SSN or ITIN <b>412-57-9727</b>
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**Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2022.**

**During 2021:**

1 My California (CA) Residency (Check one)

a Myself:  Nonresident  Part-Year Resident  Resident    b Spouse:  Nonresident  Part-Year Resident  Resident

	Yourselves	Spouse/RDP
2 a I was domiciled in (enter two letter code, see instructions) . . . . .	<input checked="" type="radio"/> TN	<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"/> TN	<input type="radio"/>
6 The number of days I spent in CA for any purpose was: . . . . .	<input type="radio"/> 20	<input type="radio"/> 0
7 I owned a home/property in CA (enter Y for Yes, N for No) . . . . .	<input type="radio"/> N	<input type="radio"/>
8 <b>Before 2022:</b> I was a CA resident for the period of . . . . .	<input type="radio"/> 07/13/2005	<input type="radio"/>
	10/15/2021	

Part II Income Adjustment Schedule	A	B	C	D	E
Section A - Income from federal Form 1040 or 1040-SR	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
1 a Total amount from federal Form(s) W-2, box 1. See instructions . . . . . 1a	<input checked="" type="radio"/> 7,500	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 7,500	<input checked="" type="radio"/> 7,500
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 instr . . . . . 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"/> 7,500	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 7,500	<input checked="" type="radio"/> 7,500
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 instructions a <input type="radio"/> . . . . . 3b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 IRA distributions. See instructions. 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 instructions. 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"/>

	A	B	C	D	E
<b>Section B - Additional Income</b> from federal Schedule 1 (Form 1040)	<b>Federal Amounts</b> (taxable amounts from your federal tax return)	<b>Subtractions</b> See instructions (difference between CA & federal law)	<b>Additions</b> See instructions (difference between CA & federal law)	<b>Total Amounts Using CA Law</b> <b>As If You Were a CA Resident</b> (subtract col. B from col. A; add col. C to the result)	<b>CA Amounts</b> (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
<b>1</b> Taxable refunds, credits, or offsets of state and local income taxes . . . . . <b>1</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>2 a</b> Alimony received. See instructions . . . . . <b>2a</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>3</b> Business income or (loss). See instructions . . . . . <b>3</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>4</b> Other gains or (losses) . . . . . <b>4</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>5</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc . . . . . <b>5</b>	<input checked="" type="radio"/> 53,865	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 53,865	<input checked="" type="radio"/> 2,500
<b>6</b> Farm income or (loss) . . . . . <b>6</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>7</b> Unemployment compensation . . . . . <b>7</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>8 Other income:</b>					
<b>a</b> Federal net operating loss . . . . . <b>8a</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>		
<b>b</b> Gambling . . . . . <b>8b</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>c</b> Cancellation of debt . . . . . <b>8c</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>d</b> Foreign earned income exclusion from federal Form 2555 . . . . . <b>8d</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>		
<b>e</b> Income from federal Form 8853 . . . . . <b>8e</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>f</b> Income from federal Form 8889 . . . . . <b>8f</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>g</b> Alaska Permanent Fund dividends . . . . . <b>8g</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>h</b> Jury duty pay . . . . . <b>8h</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>i</b> Prizes and awards . . . . . <b>8i</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>j</b> Activity not engaged in for profit income . . . . . <b>8j</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>k</b> Stock options . . . . . <b>8k</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>l</b> 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 . . . . . <b>8l</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>m</b> Olympic and Paralympic medals and USOC prize money . . . . . <b>8m</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>n</b> IRC Section 951(a) inclusion . . . . . <b>8n</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>o</b> IRC Section 951A(a) inclusion . . . . . <b>8o</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>p</b> IRC Section 461(l) excess business loss adjustment . . . . . <b>8p</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>q</b> Taxable distributions from an ABLE account . . . . . <b>8q</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>r</b> Scholarship and fellowship grants not reported on federal Form(s) W-2 . . . . . <b>8r</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>s</b> Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d . . . . . <b>8s</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>t</b> Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan . . . . . <b>8t</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>u</b> Wages earned while incarcerated . . . . . <b>8u</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>z</b> Other income. List type and amount. <input checked="" type="radio"/> . . . . . <b>8z</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>9 a</b> Total other income. Add line 8a through line 8z . . . . . <b>9a</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>



Section B - Additional Income Continued	A	B	C	D	E
	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)
<b>b1</b> Disaster loss deduction from form FBT 3805V <b>9b1</b>		<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>b2</b> NOL deduction from form FTB 3805V <b>9b2</b>		<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>b3</b> NOL from form FTB 3805Z, FTB 3807, or FTB 3809 . . . . . <b>9b3</b>		<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>10 Total.</b> Combine 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. Go to Section C . . . . . <b>10</b>	<input checked="" type="radio"/> 61,365	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 61,365	<input checked="" type="radio"/> 10,000

**Section C - Adjustments to Income**

from federal Schedule 1 (Form 1040)

<b>11</b> Educator expenses . . . . . <b>11</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>12</b> Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . . <b>12</b>		<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>13</b> Health savings account deduction . . . . . <b>13</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>14</b> Moving expenses. Attach form FTB 3913. See instructions . . . . . <b>14</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>15</b> Deductible part of self-employment tax. See instructions . . . . . <b>15</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>16</b> Self-employed SEP, SIMPLE, and qualified plans . . . . . <b>16</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>17</b> Self-employed health insurance deduction. See instructions . . . . . <b>17</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>18</b> Penalty on early withdrawal of savings . . . . . <b>18</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>19a</b> Alimony paid. <b>b</b> Enter recipient's: SSN <input checked="" type="radio"/> _____ Last name <input checked="" type="radio"/> _____ <b>19a</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>20</b> IRA deduction . . . . . <b>20</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>21</b> Student loan interest deduction . . . . . <b>21</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>22</b> Reserved for future use . . . . . <b>22</b>					
<b>23</b> Archer MSA deduction . . . . . <b>23</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>24 Other adjustments:</b>					
<b>a</b> Jury duty pay . . . . . <b>24a</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>b</b> Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit <b>24b</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>c</b> Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m <b>24c</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>d</b> Reforestation amortization and expenses . . . . . <b>24d</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>e</b> Repayment of supplemental unemployment benefits under the Federal Trade Act of 1974 . . . . . <b>24e</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>f</b> Contributions to IRC Section 501(c)(18)(D) pension plans . . . . . <b>24f</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>g</b> Contributions by certain chaplains to IRC Section 403(b) plans . . . . . <b>24g</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>h</b> Attorney fees and court costs for actions involving certain unlawful discrimination claims . . . . . <b>24h</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" 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"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	61,365	0	0	61,365	10,000

**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
<b>Medical and Dental Expenses</b> See instructions.			
1 Medical and dental expenses . . . . . 1	<input checked="" type="radio"/> 4,900		
2 Enter amount from federal Form 1040 or 1040-SR, line 11 . . . . . 2	<input checked="" type="radio"/> 61,365		
3 Multiply line 2 by 7.5% (0.075) . . . . . 3	<input checked="" type="radio"/> 4,602		
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 . . . . . 4	<input checked="" type="radio"/>	<input checked="" type="radio"/> 298	<input checked="" type="radio"/>

<b>Taxes You Paid</b>		A	B	C
5a State and local income tax or general sales taxes . . . . . 5a	<input checked="" type="radio"/>	258	<input checked="" type="radio"/> 258	
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"/>	258		
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"/>	258	<input checked="" type="radio"/> 258	<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"/>	258	<input checked="" type="radio"/> 258	<input checked="" type="radio"/>

<b>Interest You Paid</b>		A	B	C
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 8d . . . . . 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"/>

<b>Gifts to Charity</b>		A	B	C
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
<b>Casualty and Theft Losses</b>			
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions . . . . .	15		
<b>Other Itemized Deductions</b>			
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	556	258
18 Total. Combine line 17 column A less column B plus column C . . . . .	18		298

**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	2,500	
21 Other expenses: investment, safe deposit box, etc. List type <input type="radio"/> _____	21		
22 Add line 19 through line 21 . . . . .	22	2,500	
23 Enter amount from federal Form 1040 or 1040-SR, line 11 <input checked="" type="radio"/> _____	23	61,365	
24 Multiply line 23 by 2% (0.02). If less than zero, enter 0 . . . . .	24	1,227	
25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0 . . . . .	25		1,273
26 Total Itemized Deductions. Add line 18 and line 25 . . . . .	26		1,571
27 Other adjustments. See instructions. Specify <input checked="" type="radio"/> _____	27		
28 Combine line 26 and line 27 . . . . .	28		1,571

**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 . . . . . \$229,908
- Head of household . . . . . \$344,867
- Married/RDP filing jointly or qualifying surviving spouse/RDP . . . . . \$459,821

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 1,571

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

- Single or married/RDP filing separately. See instructions . . . . . \$5,202
- Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP . . . \$10,404  30 10,404

**Part IV California Taxable Income**

1 California AGI. Enter your California AGI from Part II, line 27, column E . . . . .	1	10,000
2 Enter your deductions from line 30 . . . . .	2	10,404
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	0.163000
4 California Itemized/Standard Deductions. Multiply line 2 by the percentage on line 3 . . . . .	4	1,696
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	8,304

# 2022 Head of Household Filing Status Schedule

# 3532

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

Name(s) as shown on tax return

REBECCA A ROBINSON

SSN or ITIN

412-57-9727

## Part I Marital Status

1 Check one box below to identify your marital status. See instructions.

- a Not legally married/RDP during 2022  1a
  - b Surviving spouse/RDP (my spouse/RDP died before 01/01/2022)  1b
  - c Marriage/RDP was annulled  1c
  - d Received final decree of divorce, legal separation, dissolution, or termination of marriage/RDP by 12/31/2022  1d
  - e Legally married/RDP and did not live with spouse/RDP during 2022  1e
  - f Legally married/RDP and lived with spouse/RDP during 2022. List the beginning and ending dates for each period when you lived together  1f
- From:  (mm/dd/yyyy)  To:  (mm/dd/yyyy)  From:  (mm/dd/yyyy)  To:  (mm/dd/yyyy)

## Part II Qualifying Person

2 Check one box below to identify the relationship of the person that qualifies you for the head of household filing status. See instructions.

- a Son, daughter, stepson, or stepdaughter  2a
- b Grandchild, brother, sister, half brother, half sister, stepbrother, stepsister, nephew, or niece  2b
- c Eligible foster child  2c
- d Father, mother, stepfather, or stepmother  2d
- e Grandfather, grandmother, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law, uncle, or aunt  2e

## Part III Qualifying Person Information

3 Information about your qualifying person. See instructions.

First Name  LUKA

Last Name  ARAGON

SSN  849-56-0812

DOB (mm/dd/yyyy) If your qualifying person is age 19 or older in 2022, go to line 3a. If not, go to line 4  06/17/2012

- a Was your qualifying person a full time student under age 24 in 2022?  3a  Yes  No
- b Was your qualifying person permanently and totally disabled in 2022?  3b  Yes  No

4 Enter qualifying person's gross income in 2022. See instructions  0

5 Number of days your qualifying person lived with you during 2022. See instructions  280

When calculating the total number of days your qualifying person lived with you, you may include any days your qualifying person was temporarily absent from your home. For example, illness, education, business, vacations, military service, and incarceration. In the event of a birth or death of your qualifying person during the year, enter 365 days. See instructions.

Health Coverage Exemptions and Individual Shared Responsibility Penalty

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

Name(s) as shown on your California tax return

REBECCA A ROBINSON

SSN or ITIN

412-57-9727

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.

Table with 5 columns: First Name, Initial, SSN, Date of Birth (mm/dd/yyyy), Modified AGI. Rows 1-12 listing household members like REBECCA, LUKA, ZIVI, ARAGON.

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

Radio button and checkbox

**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 <input checked="" type="radio"/> REBECCA	<input checked="" type="radio"/> 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"/>
	Initial <input checked="" type="radio"/> A		<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"/> ROBINSON			<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 <input checked="" type="radio"/> LUKA	<input checked="" type="radio"/> 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"/>
	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"/> ARAGON			<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 <input checked="" type="radio"/> ZIVI	<input checked="" type="radio"/> 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"/>
	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"/> ARAGON			<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 <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"/>	<input type="radio"/>
	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"/>	<input type="radio"/>
5	First 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"/>	<input type="radio"/>	<input type="radio"/>
	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"/>	<input type="radio"/>
6	First 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"/>	<input type="radio"/>	<input type="radio"/>
	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"/>	<input type="radio"/>
7	First 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"/>	<input type="radio"/>	<input type="radio"/>
	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"/>	<input type="radio"/>
8	First 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"/>	<input type="radio"/>	<input type="radio"/>
	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"/>	<input type="radio"/>
9	First 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"/>	<input type="radio"/>	<input type="radio"/>
	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"/>	<input type="radio"/>
10	First 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"/>	<input type="radio"/>	<input type="radio"/>
	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"/>	<input type="radio"/>
11	First 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"/>	<input type="radio"/>	<input type="radio"/>
	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"/>	<input type="radio"/>
12	First 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"/>	<input type="radio"/>	<input type="radio"/>
	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"/>	<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**