TAXABLE YEAR

2018 California Adjustments — Residents

CA (540)

lmp	ortant: Attach this schedule behind Form 540, Side 5 as a supporting Californ	nia sc	hedule.				
Nam	es(s) as shown on tax return		SSN	l or ITI	N		
					_	-	
	t I Income Adjustment Schedule ion A – Income from federal Form 1040	A Fe	deral Amounts xable amounts from ur federal tax return)	В	Subtractions See instructions	C	Additions See instructions
1	Wages, salaries, tips, etc. See instructions before making an entry in column B or C 1	 		•		•	
2	Taxable interest (a) ●	_		<u> </u>		Ŏ	
3	Ordinary dividends. See instructions. (a)			<u> </u>		Ŏ	
4	IRAs, pensions, and annuities. See instructions. (a)			<u> </u>		<u> </u>	
5	Social security benefits. (a) (a) (b)			<u> </u>		\top	
	ion B – Additional Income from federal Schedule 1 (Form 1040)			10			
10	Taxable refunds, credits, or offsets of state and local income taxes	O		O			
11	Alimony received					•	
12	Business income or (loss)			•		0	
13	Capital gain or (loss). See instructions			Ŏ		Ŏ	
14	Other gains or (losses)			0		0	
15a	Reserved						
16a	Reserved						
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc	_		•		•	
18	Farm income or (loss)			Ŏ		ŏ	
19	Unemployment compensation	_		Ō		Ť	
	Reserved						
21	Other income.			_a)	а	
	a California lottery winnings e NOL from FTB 3805Z,			(b 😇		- b	
		•				C C	
	c Federal NOL f Other (describe):			d 🖲)	- d	<i></i>
	(federal Schedule 1 (Form 1040), line 21)			e 😇		- e	
	d NOL deduction from FTB 3805V			l ĕ		- f	
00	Table Combine line 4 thorough line 04 in actions A Add line 4 thorough line 046 in				<u></u>	- ' >	
22	Total. Combine line 1 through line 21 in column A. Add line 1 through line 21f in column B and column C. Go to Section C	•		•		•	
						10	
Sect	ion C – Adjustments to Income from federal Schedule 1 (Form 1040)						
23	Educator expenses			O			
24	Certain business expenses of reservists, performing artists, and fee-basis						
				<u> </u>			
25	Health savings account deduction			<u> </u>			
26	Moving expenses. Attach federal Form 3903. See instructions						
27	Deductible part of self-employment tax						
28	Self-employed SEP, SIMPLE, and qualified plans					-	
29	Self-employed health insurance deduction						
30	Penalty on early withdrawal of savings						
31a	Alimony paid. (b) Recipient's: SSN •						
	Last name ●31a						
32	IRA deduction						
33	Student loan interest deduction	_				0	
34	Reserved						
35	Reserved						
36	Add line 23 through line 31a and line 32 through line 35 in columns A, B, and C. See instructions	(e)		•		•	
37	Total. Subtract line 36 from line 22 in columns A, B, and C. See instructions	ledow		•		•	

Che	rt II Adjustments to Federal Itemized Deductions ck the box if you did NOT itemize for federal but will itemize for California	Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Med	lical and Dental Expenses			
1	Medical and dental expenses			
2	Enter amount from federal Form 1040, line 7			
3	Multiply line 2 by 7.5% (0.075)			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0	lacktriangle		
Tax	es You Paid			
5a	State and local income tax or general sales taxes	•	•	
5b		lacktriangle		
5c	_			
5d	Add lines 5a through 5c			
	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			
		•	lacktriangle	•
6		•	lacktriangle	
7	Add lines 5e and 6	lacktriangle	\odot	•
Inte	rest You Paid			
8a	Home mortgage interest and points reported to you on Form 1098	•		•
8b	Home mortgage interest not reported to you on Form 1098			•
8c	Points not reported to you on Form 1098			•
8d	Reserved			
8e	Add lines 8a through 8c	_		•
9	Investment interest		•	•
10	Add lines 8e and 9	•	•	•
	s to Charity			
11	Gifts by cash or check	•	•	•
12	Other than by cash or check		•	•
13	Carryover from prior year		•	•
14	Add lines 11 through 13		•	•
	ualty and Theft Losses	, -		
	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal			
	· · · · · · · · · · · · · · · · · · ·	•	•	•
Othe	er Itemized Deductions	ı		
16	Other—from list in federal instructions	•	•	•
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C		•	•
18	Total Adjustments to Federal Itemized Deductions: Combine line 17 column A less column		<u> </u>	0

Attac	imbursed employee expenses - job travel, union dues, job education, etc. h federal Form 2106 if required. See instructions	
20 Tax p		
21 Other	r expenses - investment, safe deposit box, etc. List type 🗨 🗨 21	
22 Add I	ines 19 through 21	
23 Enter	amount from federal Form 1040, line 7 💿	
24 Multi	ply line 23 by 2% (0.02). If less than zero, enter 0	
25 Subti	ract line 24 from line 22. If line 24 is more than line 22, enter 0.	. • 25
26 Total	Itemized Deductions. Add line 18 and line 25.	. • 26
27 Other	r adjustments. See instructions. Specify. •	. • 27
28 Coml	oine line 26 and line 27	. • 28
	ur federal AGI (Form 540, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately \$194,504 Head of household \$291,760 Married/RDP filing jointly or qualifying widow(er) \$389,013 Transfer the amount on line 28 to line 29.	
Yes.	Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29	
30 Enter	r the larger of the amount on line 29 or your standard deduction listed below Single or married/RDP filing separately. See instructions	
Trans	sfer the amount on line 30 to Form 540, line 18	. • 30

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