

California General Information

Prior year last name

Taxpayer _____ [1]

Spouse _____ [2]

Mark if different from prior year return:

Social security number(s) _____ [3]

Address _____ [4]

Filing status _____ [5]

Use Tax

Item purchased	Purchase price	County (City)	Sales Tax paid
_____	_____	_____	_____ [6]
_____	_____	_____	_____

Contributions

Amount of contributions you wish to make to:

Seniors Special Fund _____ [7]

Alzheimer's Disease/Related Disorders Fund _____ [8]

Rare and Endangered Species Preservation Program _____ [9]

Breast Cancer Research Fund _____ [10]

Firefighters' Memorial Fund _____ [11]

Emergency Food for Families Fund _____ [12]

Peace Officer Memorial Foundation Fund _____ [13]

Sea Otter Fund _____ [14]

Cancer Research Fund _____ [15]

Child Victims of Human Trafficking Fund _____ [16]

School Supplies for Homeless Children Fund _____ [17]

Parks Pass Purchase (\$195) _____ [18]

State Parks Protection Fund _____ [19]

Protect Our Coast and Oceans Fund _____ [20]

Keep Arts in Schools Fund _____ [21]

Children's Trust Fund - Prevent Child Abuse _____ [22]

Prevention Animal Homelessness & Cruelty _____ [23]

Revive the Salton Sea Fund _____ [24]

California Domestic Violence Victims Fund _____ [25]

Special Olympics Fund _____ [26]

Type 1 Diabetes Research Fund _____ [27]

Renter Information

Number of months rented principal residence in California in 2016 _____ [28]

Lived with person claiming dependency exemption for more than 6 months (Dependent of another only) _____ [29]

Property rented was exempt from property tax in 2016 _____ [30]

Taxpayer claimed homeowner's property tax exemption in 2016 _____ [31]

Spouse claimed homeowner's property tax exemption during 2016 _____ [32]

Maintained separate residences for the entire year _____ [33]

Addresses if more than one or different from mailing address

Address _____ [34]

City _____

State _____

Zip Code _____

Date Rented From _____

Date Rented To _____

Landlord information

Name _____ [35]

Address _____

City _____

State _____

Zip Code _____

Telephone _____

NOTES/QUESTIONS:

California Residency Information

Part-year, Nonresident

	Taxpayer	Spouse
State of domicile	_____ [1]	_____ [2]
Number of days spent in California	_____ [3]	_____ [4]
Owned California home or property	_____ [5]	_____ [6]
Part-year resident:		
Date moved into California	_____ [7]	_____ [9]
Prior state of residence	_____ [8]	_____ [10]
Date moved out of California	_____ [11]	_____ [13]
New state of residence	_____ [12]	_____ [14]
Nonresident or full-year resident for entire year:		
State of residence	_____ [15]	_____ [16]

Prior Year Residency Information

	Taxpayer	Spouse
Prior residency information:		
From	_____ [17]	_____ [19]
To	_____ [18]	_____ [20]

Military Personnel

Part-year, Nonresident

	Taxpayer	Spouse
State in which stationed	_____ [21]	_____ [22]

Electronic Filing Information for Military

	Taxpayer	Spouse
Date deployed overseas or entered combat zone/QHDA	_____ [23]	_____ [26]
Date returned from overseas or combat zone/QHDA	_____ [24]	_____ [27]
Duty (A = Military overseas, B = Combat Zone/QHDA, C = NAT Guard)	_____ [25]	_____ [28]
Combat Zone/QHDA Operation/Area served		
Taxpayer	_____ [29]	
Spouse	_____ [30]	

NOTES/QUESTIONS: