



Form ID: CA California General Information

Prior year last name  
 Taxpayer \_\_\_\_\_ [1]  
 Spouse \_\_\_\_\_ [2]

Use Tax

| Item purchased | Purchase price | County (City) | Sales Tax paid |
|----------------|----------------|---------------|----------------|
| _____          | _____          | _____         | _____ [3]      |
| _____          | _____          | _____         | _____          |

Contributions

Amount of contributions you wish to make to:

|  |   |
|--|---|
| Seniors Special Fund _____ [4]                             | Children's Trust Fund - Prevent Child Abuse _____ [18]    |
| Alzheimer's Disease/Related Dementia Fund _____ [5]        | Prevention Animal Homelessness & Cruelty _____ [19]       |
| Rare and Endangered Species Preservation Program _____ [6] | Revive the Salton Sea Fund _____ [20]                     |
| Breast Cancer Research Fund _____ [7]                      | California Domestic Violence Victims Fund _____ [21]      |
| Firefighters' Memorial Fund _____ [8]                      | Special Olympics Fund _____ [22]                          |
| Emergency Food for Families Fund _____ [9]                 | Type 1 Diabetes Research Fund _____ [23]                  |
| Peace Officer Memorial Foundation Fund _____ [10]          | YMCA Youth and Government Fund _____ [24]                 |
| Sea Otter Fund _____ [11]                                  | Habitat for Humanity Fund _____ [25]                      |
| Cancer Research Fund _____ [12]                            | California Senior Citizen Advocacy Fund _____ [26]        |
| School Supplies for Homeless Children Fund _____ [13]      | Native California Wildlife Rehabilitation _____ [27]      |
| Parks Pass Purchase (\$195) _____ [14]                     | Rape Backlog Kit Fund _____ [28]                          |
| State Parks Protection Fund _____ [15]                     | Organ and Tissue Donor _____ [29]                         |
| Protect Our Coast and Oceans Fund _____ [16]               | National Alliance on Mental Illness California _____ [30] |
| Keep Arts in Schools Fund _____ [17]                       | Schools Not Prisons _____ [31]                            |

Renter Information

Number of months rented principal residence in California in 2018 \_\_\_\_\_ [32]  
 Lived with person claiming dependency exemption for more than 6 months (Dependent of another only) \_\_\_\_\_ [33]  
 Property rented was exempt from property tax in 2018 \_\_\_\_\_ [34]  
 Taxpayer claimed homeowner's property tax exemption in 2018 \_\_\_\_\_ [35]  
 Spouse claimed homeowner's property tax exemption during 2018 \_\_\_\_\_ [36]  
 Maintained separate residences for the entire year \_\_\_\_\_ [37]  
 Addresses if more than one or different from mailing address \_\_\_\_\_

Address \_\_\_\_\_ [38]  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 Zip Code \_\_\_\_\_  
 Date Rented From \_\_\_\_\_  
 Date Rented To \_\_\_\_\_

Landlord information

Name \_\_\_\_\_ [39]  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 Zip Code \_\_\_\_\_  
 Telephone \_\_\_\_\_



Form ID: CA2

**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: