



Form ID: CA

California General Information

Prior year last name

Taxpayer

Spouse

[1]

[2]

Health Care Coverage

Entire family covered for full year with minimum essential health care coverage (1 = Yes, 2 = No)

[3]

Use Tax

Item purchased

Purchase price

County (City)

Sales Tax paid

[4]

Contributions

Amount of contributions you wish to make to:

Seniors Special Fund

State Parks Protection Fund

Alzheimer's Disease/Related Dementia Fund

Protect Our Coast and Oceans Fund

Rare and Endangered Species Preservation Program

Keep Arts in Schools Fund

Breast Cancer Research Fund

Prevention Animal Homelessness & Cruelty

Firefighters' Memorial Fund

California Senior Citizen Advocacy Fund

Emergency Food for Families Fund

Native California Wildlife Rehabilitation

Peace Officer Memorial Foundation Fund

Rape Backlog Kit Fund

Sea Otter Fund

Schools Not Prisons

Cancer Research Fund

Suicide Prevention Fund

School Supplies for Homeless Children Fund

Parks Pass Purchase (\$195)

Renter Information

Number of months rented principal residence in California in 2020

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

Property rented was exempt from property tax in 2020

Taxpayer claimed homeowner's property tax exemption in 2020

Spouse claimed homeowner's property tax exemption during 2020

Maintained separate residences for the entire year

Addresses if more than one or different from mailing address

Address

City

State

Zip Code

Date Rented From

Date Rented To

[33]

[34]

[35]

[36]

[37]

[38]

[39]

Landlord information

Name

Address

City

State

Zip Code

Telephone

[40]



Clergy Financial Resources

Tax | Payroll | Bookkeeping | HR

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]
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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: