Form ID: CA

California General Information

Prior year last name
- Taxpayer _____ [1]
- Spouse _____ [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	[5]	State Parks Protection Fund	[15]
Alzheimer's Disease/Related Dementia Fund	[6]	Protect Our Coast and Oceans Fund	[16]
Rare and Endangered Species Preservation Program	[7]	Prevention of Animal Homelessness Fund	[17]
Breast Cancer Research Fund	[8]	California Senior Citizen Advocacy Fund	[18]
Firefighters' Memorial Fund	[9]	Native California Wildlife Rehabilitation	[19]
Emergency Food for Families Fund	[10]	Mental Health Crisis Prevention Fund	[20]
Peace Officer Memorial Foundation Fund	[11]	California ALS Research Network Fund	[21]
Cancer Research Fund	[12]	California Pediatric Cancer Research Fund	[22]
School Supplies for Homeless Children Fund	[13]	Parkinson's Disease Research Fund	[23]
Parks Pass Purchase ($195) ___	[14]		

Renter Information

Number of months rented principal residence in California in 2025 ____ [33]
Lived with person claiming dependency exemption for more than 6 months (Dependent of another only) ___ [34]
Property rented was exempt from property tax in 2025 ___ [35]
Taxpayer claimed homeowner's property tax exemption in 2025 ___ [36]
Spouse claimed homeowner's property tax exemption during 2025 ___ [37]
Maintained separate residencies for the entire year ___ [38]
Addresses if more than one or different from mailing address

- Address _____ _____ [39]
- City _____ _____
- State ____ ____
- Zip Code _____ _____
- Date Rented From _____ _____
- Date Rented To _____ _____

Landlord information

- Name _____ _____ [40]
- Address _____ _____
- City _____ _____
- State ____ ____
- Zip Code _____ _____
- Telephone _____ _____

NOTES/QUESTIONS:

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: