TAXABLE YEAR

## SCHEDULE

## California Adjustments — Nonresidents or Part-Year Residents

Important: Attach this schedule behind Form 540NR, Side 6 as a supporting California schedule. Name(s) as shown on tax return SSN or ITIN Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2023. **During 2023:** 1 My California (CA) Residency (Check one) a Myself: 

Nonresident 

Part-Year Resident 

Resident **b** Spouse: Nonresident Part-Year Resident Yourself 2 a I was domiciled in (enter two letter code, see instructions) . . . . . . . . . . . . . . . . . 3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) ... 4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move). I was a CA nonresident the entire year (enter state of residence)......  $\odot$ **Before 2023:** I was a CA resident for the period of ....... C Part II Income Adjustment Schedule E Section A — Income Federal Amounts Subtractions Additions **Total Amounts CA Amounts** See instructions (taxable amounts from See instructions **Using CA Law** (income earned or from federal Form 1040 or 1040-SR As If You Were a vour federal tax return) (difference between (difference between received as a CA CA & federal law) CA & federal law) CA Resident resident and income (subtract col. B from earned or received col. A; add col. C from CA sources to the result) as a nonresident) 1 a Total amount from federal Form(s) W-2, •  $\odot$ b Household employee wages not reported  $\odot$  $\odot$ on federal Form(s) W-2......**1b** c Tip income not reported on line 1a.....1c  $\odot$  $\odot$  $\odot$ d Medicaid waiver payments not reported  $\odot$ on federal Form(s) W-2. See instructions . 1d **e** Taxable dependent care benefits from  $\odot$  $\odot$ federal Form 2441, line 26 . . . . . . . . . 1e f Employer-provided adoption benefits  $\odot$  $\odot$ from federal Form 8839, line 29 . . . . . . . . . 1f **q** Wages from federal Form 8919, line 6 . . . 1**q** •  $\odot$  $\odot$  $\odot$ **h** Other earned income. See instructions . . . **1h**  $\odot$ (ullet)i Nontaxable combat pay election.  $\odot$ z Add line 1a through line 1i . . . . . . . . . . . . . . . . 1z •  $\odot$ 2 Taxable interest. a •  $\odot$  $\odot$  $\odot$  $\odot$ 3 Ordinary dividends. See instructions. a 💿 lacksquarelacktriangle $\odot$ 4 IRA distributions. See instructions. a 🖲 . . . . . . . . . . . . . 4b lacktrianglelacksquare $\odot$ 5 Pensions and annuities. See instructions. a 

\_\_\_\_\_ . . . . 5b **6** Social security benefits. \_\_ . . . . . . . . . . . . 6b 🍽 lacksquare7 Capital gain or (loss). See instructions . . . . 7 lacksquare

Section						
Section B — Additional Income from federal Schedule 1 (Form 1040)		Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
	exable refunds, credits, or offsets of state and local income taxes	•	•			
2 a	Alimony received. See instructions 2a	lacksquare		•	•	•
<b>3</b> Bu	usiness income or (loss). See instructions 3	lacksquare	•	•	•	•
	ther gains or (losses)4	•	•	•	•	•
	ental real estate, royalties, partnerships, corporations, trusts, etc	•	•	•	•	•
<b>6</b> Fa	ırm income or (loss) 6	•	•	•	•	•
<b>7</b> Uı	nemployment compensation	•	•			
	ther income: Federal net operating loss <b>8a</b>	• (		•		
b	Gambling 8b	•	lacktriangle		•	•
C	Cancellation of debt8c	•	•	•	•	•
d	Foreign earned income exclusion from federal Form 2555 8d	<b>●</b> ( )		•		
е	Income from federal Form 88538e	•		•	•	•
f	Income from federal Form 88898f	•	•			
g	Alaska Permanent Fund dividends 8g	•			•	•
h	Jury duty pay 8h	•			•	•
i	Prizes and awards8i	•			•	•
j	Activity not engaged in for profit income 8j	•			•	•
k	Stock options	•		•	•	•
I	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	•			•	•
m	Olympic and Paralympic medals and USOC prize money 8m	•			•	•
n	IRC Section 951(a) inclusion 8n	lacksquare	•			
0	IRC Section 951A(a) inclusion 80	•	•			
p	IRC Section 461(I) excess business loss adjustment	•	•	•	•	•
q	Taxable distributions from an ABLE account8q					
r	Scholarship and fellowship grants not reported on federal				•	•
s	Form(s) W-2				• (	• (
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan				•	•
u	Wages earned while incarcerated 8u				•	•
Z	Other income. List type and amount.					
•		lacksquare	•	•	•	•
	Total other income. Add line 8a	_	_	+~	+	+~

_			A	В	С	D	E
Section B — Additional Income Continued		Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)	
	FTB 3805V	s deduction from form		•		•	•
		9b2		•		•	•
	h3 NOL deduct FTB 3805Z,	tion from form FTB 3807, or FTB 3809 <b>9b3</b>		lacksquare		•	•
10	line 7, and Section line 7, line 9a and (as applicable) in	ection A, line 1z through on B, line 1 through d line 9b1 through line 9b3 each column.	•	•	•	•	•
Se	<b>ction C — Adjustr</b> from fe	nents to Income deral Schedule 1 (Form 1040)					
		es	•	•			
12	performing artist	expenses of reservists, its, and fee-basis cials	•	•	•	•	•
	-	ccount deduction 13	•	•			
14	Moving expenses See instructions	s. Attach form FTB 3913.				•	
15		of self-employment tax.	•	•		•	•
16	Self-employed S qualified plans	EP, SIMPLE, and	•			•	•
17	Self-employed he	ealth insurance deduction.	•	•		•	•
	Penalty on early	withdrawal of savings 18	•			•	•
19	<b>a</b> Alimony paid	l. <b>b</b> Enter recipient's:					
	Last name •	 19a	•		•	•	•
20	IRA deduction	20	•	•	•	•	•
21	Student loan inte	erest deduction 21	•		•	•	•
22	Reserved for futi	ure use	_				
23	Archer MSA ded	uction	•			•	•
24	Other adjustmen a Jury duty pay	ts: y <b>. 24a</b>	•			•	•
	reported on I personal pro	xpenses related to income ine 8I from the rental of perty engaged in for <b>24b</b>		•	•	•	•
	c Nontaxable a Olympic and		_	•			
	d Reforestation	n amortization and		•		•	•
	e Repayment of unemployme	of supplemental ent benefits under the Act of 1974	_			•	•
	f Contributions		_	•	•	•	•
	a Contributions	s by certain chaplains to 403(b) plans <b>24g</b>		•	•	•	•
	h Attorney fees actions involved	s and court costs for ving certain unlawful					
	discriminatio	n claims <b>24h</b>				•	•

_	-	Α	В	C	D	E			
	ion C — Adjustments to Income Continued	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)			
	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	•	•						
	j Housing deduction from federal Form 2555	•	•						
	k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)	•			•	•			
	z Other adjustments. List type and amount.								
	● 24z					•			
25	Total other adjustments. Add line 24a		•	•	•				
	through line 24z	•				•			
	each column, A through E 26	•	•	•	•	•			
	<b>Total.</b> Subtract line 26 from line 10 in each column, A through E. See instructions <b>27</b>	•	•	•	•	•			
Par	t III Adjustments to Federal Itemized Dedu	ctions		▲ Federal Amounts	B Subtractions See instructions	Additions			
	k the box if you did NOT itemize for federal but will			(from federal Schedule A (Form 1040)		See instructions			
	ical and Dental Expenses See instructions.				1	ı			
1	Medical and dental expenses		1						
2	Enter amount from federal Form 1040 or 1040-	-SR, line 11	2	2					
3	Multiply line 2 by 7.5% (0.075)		3	3					
4	Subtract line 3 from line 1. If line 3 is more tha	n line 1, enter 0	4			lacksquare			
Taxe	es You Paid					,			
5a	State and local income tax or general sales taxe	es	5a	<b>1</b>	•				
5b	State and local real estate taxes		5h	•					
5c	c State and local personal property taxes								
5d	Add line 5a through line 5c	I 💽							
5e	Enter the smaller of line 5d or \$10,000 (\$5,000 i		tely) in column A.						
	Enter the amount from line 5a, column B in line								
•	Enter the difference from line 5d and line 5e, col	_	<b>O</b>	•					
6 7	Other taxes. List type  Add line 5e and line 6	6		<ul><li>•</li><li>•</li></ul>	<ul><li>O</li><li>O</li></ul>				
	rest You Paid		· · · · · · · · · · · · · · · · · · ·						
8a	Home mortgage interest and points reported to	you on federal Form	1008			•			
0 <i>a</i> 8b	Home mortgage interest and points reported to you or	•		_		•			
8c	Points not reported to you on federal Form 109			_		•			
oc 8d	Reserved for future use			_					
	Add line 8a through line 8c			_	•	•			
8e	•				•	•			
	Investment interest								
8e 9 10	Investment interest		10						
9 10	Add line 8e and line 9		10		•				
9 10									
9 10 Gifts	Add line 8e and line 9		11		•	•			
9 10 Gifts 11	Add line 8e and line 9		11						

Pa	rt III	Adjustments to Federal Itemized Deductions Continued	F	Federal Amounts (from federal Schedule A (Form 1040))	В	Subtractions See instructions	C	Additions See instructions
Cas	ualty a	nd Theft Losses						
15		alty or theft loss(es) (other than net qualified disaster losses).						
		h federal Form 4684. See instructions		•	•		•	
Oth		ized Deductions		_	_			
16		—from list in federal instructions	+		<u>•</u>		<u> </u>	
<u>17</u>	Add I	ines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	' (	<u> </u>	•		<u> </u>	
18	Total	. Combine line 17 column A less column B plus column C				18		
Job	Expen	ses and Certain Miscellaneous Deductions						
19		mbursed employee expenses: job travel, union dues, job education, etc. h federal Form 2106 if required. See instructions						
20	Тах р	reparation fees 20	L					
21		expenses: investment, safe deposit box, etc. List type  21	_					
22		ine 19 through line 21	L					
23		amount from federal Form 1040 or 1040-SR, line 11 🖲	Г					
24	Multi	ply line 23 by 2% (0.02). If less than zero, enter 0	L					
25	Subtr	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	adjustments. See instructions. Specify.						
28	Comb	pine line 26 and line 27				28		
29		Single or married/RDP filing separately	23 35	7,035 5,558				
	Yes.	Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540	N	R), line 29		🥏 29		
30	Enter	the larger of the amount on line 29 or your standard deduction shown below:  Single or married/RDP filing separately. See instructions.  Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP				30		
Date	rt IV	California Taxable Income	_					
		rnia AGI. Enter your California AGI from Part II, line 27, column E						
2	Enter v	your deductions from line 30		<b>©</b> 2		<b>©</b> 1_		
		stion Percentage. Divide Part II, line 27, column E by Part II, line 27, column D. Carry		· · · · · · · · · · · · · · · · · · ·				
	to fou	ir places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0						
	Califo	rnia Itemized/Standard Deductions. Multiply line 2 by the percentage on line 3						
5		rnia Taxable Income. Subtract line 4 from line 1. Transfer this amount to Form 540NF enter -0						