

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]	Parks Pass Purchase (\$195) _____ [15]
Alzheimer's Disease/Related Dementia Fund _____ [6]	State Parks Protection Fund _____ [16]
Rare and Endangered Species Preservation Program _____ [7]	Protect Our Coast and Oceans Fund _____ [17]
Breast Cancer Research Fund _____ [8]	Keep Arts in Schools Fund _____ [18]
Firefighters' Memorial Fund _____ [9]	Prevention of Animal Homelessness Fund _____ [19]
Emergency Food for Families Fund _____ [10]	California Senior Citizen Advocacy Fund _____ [20]
Peace Officer Memorial Foundation Fund _____ [11]	Native California Wildlife Rehabilitation _____ [21]
Sea Otter Fund _____ [12]	Mental Health Crisis Prevention Fund _____ [22]
Cancer Research Fund _____ [13]	California ALS Research Network Fund _____ [32]
School Supplies for Homeless Children Fund _____ [14]	

Renter Information

Number of months rented principal residence in California in 2024 _____ [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 2024 _____ [35]

Taxpayer claimed homeowner's property tax exemption in 2024 _____ [36]

Spouse claimed homeowner's property tax exemption during 2024 _____ [37]

Maintained separate residences for the entire year _____ [38]

Addresses if more than one or different from mailing address _____ [39]

Address _____

City _____

State _____

Zip Code _____

Date Rented From _____

Date Rented To _____

Landlord information

Name _____ [40]

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]	_____ [29]
Spouse	_____ [30]	_____ [30]

NOTES/QUESTIONS: