



2020 Income Tax Return

California Return

Thank you for using
FreeTaxUSA.com to prepare your
2020 income tax return.

You can view the status of your e-filed tax return by
signing in to your account at www.freetaxusa.com.

2021 tax preparation on FreeTaxUSA.com will be
available starting in January of 2022.

We look forward to preparing your 2021 tax return.

2020 California Resident Income Tax Return

540

APE

DO NOT ATTACH FEDERAL RETURN

632-26-7028 CORN
KRISTA L CORNWALLMOORE

20

A
R
RP

275 DORSEY DR APT 46
GRASS VALLEY CA 95945

08-06-1975

Principal Residence

Enter your county at time of filing (see instructions)

If your address above is the same as your principal/physical residence address at the time of filing, check this box X

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.) Apt. no./ste. no.

City State ZIP code

Filing Status

If your California filing status is different from your federal filing status, check the box here

1 Single

2 Married/RDP filing jointly. See inst.

3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

4 Head of household (with qualifying person). See instructions.

5 Qualifying widow(er). Enter year spouse/RDP died.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst. 6

Exemptions

For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line. **Whole dollars only**

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 X \$124 = \$ 124

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. 8 X \$124 = \$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. 9 X \$124 = \$

Your name: KRISTA L CORNWALL Your SSN or ITIN: 632267028

10 Dependents: Do not include yourself or your spouse/RDP.

	Dependent 1	Dependent 2	Dependent 3
First Name	<input checked="" type="radio"/> MATTHEW R	<input type="radio"/>	<input type="radio"/>
Last Name	<input checked="" type="radio"/> CORNWALL	<input type="radio"/>	<input type="radio"/>
SSN. See instructions.	<input checked="" type="radio"/> 822681964	<input type="radio"/>	<input type="radio"/>
Dependent's relationship to you	<input checked="" type="radio"/> SON	<input type="radio"/>	<input type="radio"/>

Total dependent exemptions ● 10 X \$383 = ● \$

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 ● 11 \$

12 State wages from your federal Form(s) W-2, box 16 ● 12 .00

13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ● 13 .00

14 California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 23, column B. ● 14 .00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 .00

16 California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 23, column C. ● 16 .00

17 California adjusted gross income. Combine line 15 and line 16 ● 17 .00

18 Enter the larger of {
 Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR**
 Your California **standard deduction** shown below for your filing status:
 • Single or Married/RDP filing separately. \$4,601
 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . \$9,202
 If Married/RDP filing separately or the box on line 6 is checked, **STOP.** See instructions ● 18 .00

19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- ● 19 .00

31 Tax. Check the box if from: Tax Table Tax Rate Schedule

● FTB 3800 ● FTB 3803 ● 31 .00

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$203,341, see instructions. ● 32 .00

33 Subtract line 32 from line 31. If less than zero, enter -0- ● 33 .00

34 Tax. See instructions. Check the box if from: ● Schedule G-1 ● FTB 5870A. . . ● 34 .00

35 Add line 33 and line 34 ● 35 .00

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. ● 40 .00

43 Enter credit name code ● and amount. . . ● 43 .00

44 Enter credit name code ● and amount. . . ● 44 .00

Your name: KRISTA L CORNWALL Your SSN or ITIN: 632267028

Special Credits	45	To claim more than two credits. See instructions. Attach Schedule P (540).	<input type="radio"/>	45	<input style="width: 150px; height: 20px;" type="text"/>	.00
	46	Nonrefundable Renter's Credit. See instructions	<input type="radio"/>	46	<input style="width: 150px; height: 20px;" type="text"/>	.00
	47	Add line 40 through line 46. These are your total credits	<input checked="" type="radio"/>	47	<input style="width: 150px; height: 20px;" type="text"/>	.00
	48	Subtract line 47 from line 35. If less than zero, enter -0-	<input checked="" type="radio"/>	48	0	.00

Other Taxes	61	Alternative Minimum Tax. Attach Schedule P (540)	<input type="radio"/>	61	<input style="width: 150px; height: 20px;" type="text"/>	.00
	62	Mental Health Services Tax. See instructions	<input type="radio"/>	62	<input style="width: 150px; height: 20px;" type="text"/>	.00
	63	Other taxes and credit recapture. See instructions	<input type="radio"/>	63	<input style="width: 150px; height: 20px;" type="text"/>	.00
	64	Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions.	<input type="radio"/>	64	0	.00
	65	Add line 48, line 61, line 62, line 63, and line 64. This is your total tax	<input type="radio"/>	65	0	.00

Payments	71	California income tax withheld. See instructions	<input type="radio"/>	71	<input style="width: 150px; height: 20px;" type="text"/>	.00
	72	2020 CA estimated tax and other payments. See instructions	<input type="radio"/>	72	<input style="width: 150px; height: 20px;" type="text"/>	.00
	73	Withholding (Form 592-B and/or 593). See instructions	<input type="radio"/>	73	<input style="width: 150px; height: 20px;" type="text"/>	.00
	74	Excess SDI (or VPD) withheld. See instructions	<input type="radio"/>	74	<input style="width: 150px; height: 20px;" type="text"/>	.00
	75	Earned Income Tax Credit (EITC)	<input type="radio"/>	75	<input style="width: 150px; height: 20px;" type="text"/>	.00
	76	Young Child Tax Credit (YCTC). See instructions	<input type="radio"/>	76	<input style="width: 150px; height: 20px;" type="text"/>	.00
	77	Net Premium Assistance Subsidy (PAS). See instructions	<input type="radio"/>	77	<input style="width: 150px; height: 20px;" type="text"/>	.00
	78	Add line 71 through line 77. These are your total payments. See instructions	<input checked="" type="radio"/>	78	<input style="width: 150px; height: 20px;" type="text"/>	.00

Use Tax	91	Use Tax. Do not leave blank. See instructions.	<input type="radio"/>	91	<input style="width: 150px; height: 20px;" type="text"/>	.00
	If line 91 is zero, check if: <input checked="" type="checkbox"/> No use tax is owed. <input type="checkbox"/> You paid your use tax obligation directly to CDTFA.					

ISR Penalty	92	Individual Shared Responsibility (ISR) Penalty. See instructions	<input type="radio"/>	92	<input style="width: 150px; height: 20px;" type="text"/>	.00
	<input checked="" type="radio"/> Full-year health care coverage.					

Overpaid Tax/Tax Due	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	<input checked="" type="radio"/>	93	<input style="width: 150px; height: 20px;" type="text"/>	.00
	94	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91	<input checked="" type="radio"/>	94	<input style="width: 150px; height: 20px;" type="text"/>	.00
	95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93.	<input checked="" type="radio"/>	95	<input style="width: 150px; height: 20px;" type="text"/>	.00
	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then subtract line 93 from line 92.	<input checked="" type="radio"/>	96	<input style="width: 150px; height: 20px;" type="text"/>	.00

Your name: KRISTA L CORNWALL Your SSN or ITIN: 632267028

Overpaid Tax/Tax Due	97 Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95. <input checked="" type="radio"/>	97	<input style="width: 90%;" type="text"/>	.00
	98 Amount of line 97 you want applied to your 2021 estimated tax <input type="radio"/>	98	<input style="width: 90%;" type="text"/>	.00
	99 Overpaid tax available this year. Subtract line 98 from line 97 <input type="radio"/>	99	<input style="width: 90%;" type="text"/>	.00
	100 Tax due. If line 95 is less than line 65, subtract line 95 from line 65 <input checked="" type="radio"/>	100	0	.00

Contributions		Code	Amount	
	California Seniors Special Fund. See instructions <input type="radio"/>	400	<input style="width: 90%;" type="text"/>	.00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund <input type="radio"/>	401	<input style="width: 90%;" type="text"/>	.00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program <input type="radio"/>	403	<input style="width: 90%;" type="text"/>	.00
	California Breast Cancer Research Voluntary Tax Contribution Fund. <input type="radio"/>	405	<input style="width: 90%;" type="text"/>	.00
	California Firefighters' Memorial Voluntary Tax Contribution Fund <input type="radio"/>	406	<input style="width: 90%;" type="text"/>	.00
	Emergency Food for Families Voluntary Tax Contribution Fund <input type="radio"/>	407	<input style="width: 90%;" type="text"/>	.00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund. <input type="radio"/>	408	<input style="width: 90%;" type="text"/>	.00
	California Sea Otter Voluntary Tax Contribution Fund <input type="radio"/>	410	<input style="width: 90%;" type="text"/>	.00
	California Cancer Research Voluntary Tax Contribution Fund <input type="radio"/>	413	<input style="width: 90%;" type="text"/>	.00
	School Supplies for Homeless Children Fund <input type="radio"/>	422	<input style="width: 90%;" type="text"/>	.00
	State Parks Protection Fund/Parks Pass Purchase <input type="radio"/>	423	<input style="width: 90%;" type="text"/>	.00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund. <input type="radio"/>	424	<input style="width: 90%;" type="text"/>	.00
	Keep Arts in Schools Voluntary Tax Contribution Fund <input type="radio"/>	425	<input style="width: 90%;" type="text"/>	.00
	Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund <input type="radio"/>	431	<input style="width: 90%;" type="text"/>	.00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund <input type="radio"/>	438	<input style="width: 90%;" type="text"/>	.00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund. <input type="radio"/>	439	<input style="width: 90%;" type="text"/>	.00
	Rape Kit Backlog Voluntary Tax Contribution Fund <input type="radio"/>	440	<input style="width: 90%;" type="text"/>	.00
	Schools Not Prisons Voluntary Tax Contribution Fund <input type="radio"/>	443	<input style="width: 90%;" type="text"/>	.00
	Suicide Prevention Voluntary Tax Contribution Fund <input type="radio"/>	444	<input style="width: 90%;" type="text"/>	.00
	110 Add code 400 through code 444. This is your total contribution <input checked="" type="radio"/>	110	0	.00

Your name: KRISTA L CORNWALL Your SSN or ITIN: 632267028

Amount You Owe 111 AMOUNT YOU OWE. If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. Do not send cash. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 111 [] .00 Pay Online - Go to ftb.ca.gov/pay for more information.

Interest and Penalties 112 Interest, late return penalties, and late payment penalties 112 [] .00 113 Underpayment of estimated tax. Check the box: [] FTB 5805 attached [] FTB 5805F attached 113 [] .00 114 Total amount due. See instructions. Enclose, but do not staple, any payment 114 [] .00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 99. See instructions. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001 115 [] .00

Refund and Direct Deposit Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip. See instructions. Have you verified the routing and account numbers? Use whole dollars only. All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Type [] Checking [] Savings [] Account number [] 116 Direct deposit amount [] .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below: Type [] Checking [] Savings [] Account number [] 117 Direct deposit amount [] .00

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for 1131. To request this notice by mail, call 800.852.5711.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature [] Date [] Spouse's/RDP's signature (if a joint tax return, both must sign) []

[] Your email address. Enter only one email address. kristacornwall111@gmail.com [] Preferred phone number 530-883-2257

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) SELF-PREPARED

Firm's name (or yours, if self-employed) [] PTIN []

Firm's address [] Firm's FEIN []

Joint tax return? (See instructions)

Do you want to allow another person to discuss this tax return with us? See instructions. [] Yes [X] No

Print Third Party Designee's Name [] Telephone Number []

2020 California Adjustments — Residents

CA (540)

Important: Attach this schedule behind Form 540, Side 5 as a supporting California schedule.

Name(s) as shown on tax return

SSN or ITIN

KRISTA L CORNWALL-MOORE

632-26-7028

Part I Income Adjustment Schedule

Section A – Income from federal Form 1040 or 1040-SR

	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
1 Wages, salaries, tips, etc. See instructions before making an entry in column B or C 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 Taxable interest. a <input checked="" type="radio"/> _____ 2b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Ordinary dividends. See instructions. a <input checked="" type="radio"/> _____ 3b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 IRA distributions. See instructions. a <input checked="" type="radio"/> _____ 4b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Pensions and annuities. See instructions. a <input checked="" type="radio"/> _____ 5b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Social security benefits. a <input checked="" type="radio"/> _____ 6b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Capital gain or (loss). See instructions 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section B – Additional Income from federal Schedule 1 (Form 1040)

1 Taxable refunds, credits, or offsets of state and local income taxes 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2a Alimony received. See instructions 2a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Business income or (loss). See instructions 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Other gains or (losses) 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Farm income or (loss) 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Unemployment compensation 7	<input checked="" type="radio"/> 25,000	<input checked="" type="radio"/> 25,000	<input type="radio"/>
8 Other income. _____ 8	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
a California lottery winnings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Disaster loss deduction from FTB 3805V	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c Federal NOL (federal Schedule 1 (Form 1040), line 8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d NOL deduction from FTB 3805V	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e NOL from FTB 3805Z, 3807, or 3809	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f Other (describe): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g Student loan discharged due to closure of a for-profit school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 Total. Combine Section A, line 1 through line 7, and Section B, line 1 through line 8 in column A. Add Section A, line 1 through line 7, and Section B, line 1 through line 8g in column B and column C. Go to Section C. 9	<input checked="" type="radio"/> 25,000	<input checked="" type="radio"/> 25,000	<input type="radio"/>

Section C – Adjustments to Income from federal Schedule 1 (Form 1040)

10 Educator expenses 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 Certain business expenses of reservists, performing artists, and fee-basis government officials 11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 Health savings account deduction 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Moving expenses. Attach federal Form 3903. See instructions 13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 Deductible part of self-employment tax. See instructions. 14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15 Self-employed SEP, SIMPLE, and qualified plans 15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16 Self-employed health insurance deduction. See instructions. 16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17 Penalty on early withdrawal of savings 17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18a Alimony paid. b Recipient's: SSN <input checked="" type="radio"/> _____ - _____ - _____ Last name <input checked="" type="radio"/> _____ 18a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 IRA deduction 19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20 Student loan interest deduction 20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21 Tuition and fees 21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22 Add line 10 through line 18a and line 19 through line 21 in columns A, B, and C. See instructions 22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23 Total. Subtract line 22 from line 9 in columns A, B, and C. See instructions 23	<input checked="" type="radio"/> 25,000	<input checked="" type="radio"/> 25,000	<input type="radio"/>

Part II Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California

A Federal Amounts
(from federal Schedule A
(Form 1040))

B Subtractions
See instructions

C Additions
See instructions

Medical and Dental Expenses See instructions.

1	Medical and dental expenses	<input checked="" type="radio"/>			
2	Enter amount from federal Form 1040 or 1040-SR, line 11	<input checked="" type="radio"/>	25,000	2	
3	Multiply line 2 by 7.5% (0.075)	<input checked="" type="radio"/>	1,875	3	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0.	<input checked="" type="radio"/>		4	<input checked="" type="radio"/>

Taxes You Paid

5a	State and local income tax or general sales taxes	<input checked="" type="radio"/>		5a	<input checked="" type="radio"/>		
5b	State and local real estate taxes	<input checked="" type="radio"/>		5b	<input checked="" type="radio"/>		
5c	State and local personal property taxes	<input checked="" type="radio"/>		5c	<input checked="" type="radio"/>		
5d	Add line 5a through line 5c	<input checked="" type="radio"/>		5d	<input checked="" type="radio"/>		
5e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A . . .						
	Enter the amount from line 5a, column B in line 5e, column B						
	Enter the difference from line 5d and line 5e, column A in line 5e, column C	<input checked="" type="radio"/>		5e	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
6	Other taxes. List type <input checked="" type="radio"/>	<input checked="" type="radio"/>		6	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
7	Add line 5e and line 6	<input checked="" type="radio"/>		7	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Interest You Paid

8a	Home mortgage interest and points reported to you on federal Form 1098	<input checked="" type="radio"/>		8a	<input checked="" type="radio"/>		<input checked="" type="radio"/>
8b	Home mortgage interest not reported to you on federal Form 1098	<input checked="" type="radio"/>		8b	<input checked="" type="radio"/>		<input checked="" type="radio"/>
8c	Points not reported to you on federal Form 1098	<input checked="" type="radio"/>		8c	<input checked="" type="radio"/>		<input checked="" type="radio"/>
8d	Mortgage insurance premiums	<input checked="" type="radio"/>		8d	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
8e	Add line 8a through line 8d	<input checked="" type="radio"/>		8e	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
9	Investment interest	<input checked="" type="radio"/>		9	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
10	Add line 8e and line 9	<input checked="" type="radio"/>		10	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Gifts to Charity

11	Gifts by cash or check	<input checked="" type="radio"/>		11	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
12	Other than by cash or check	<input checked="" type="radio"/>		12	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
13	Carryover from prior year	<input checked="" type="radio"/>		13	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
14	Add line 11 through line 13	<input checked="" type="radio"/>		14	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Casualty and Theft Losses

15	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions	<input checked="" type="radio"/>		15	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
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Other Itemized Deductions

16	Other—from list in federal instructions	<input checked="" type="radio"/>		16	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	<input checked="" type="radio"/>		17	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

18	Total. Combine line 17 column A less column B plus column C	<input checked="" type="radio"/>		18	<input checked="" type="radio"/>		
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Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses - job travel, union dues, job education, etc.
Attach federal Form 2106 if required. See instructions. **19**

20 Tax preparation fees. **20**

21 Other expenses - investment, safe deposit box, etc. List type _____ **21**

22 Add line 19 through line 21 **22**

23 Enter amount from federal Form 1040 or 1040-SR, line 11 25,000

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. **24**

25 Subtract 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. _____ **27**

28 Combine line 26 and line 27. **28**

29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?
Single or married/RDP filing separately \$203,341
Head of household \$305,016
Married/RDP filing jointly or qualifying widow(er) \$406,687

No. Transfer the amount on line 28 to line 29.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29. **29**

30 Enter the larger of the amount on line 29 or your standard deduction listed below
Single or married/RDP filing separately. See instructions. \$4,601
Married/RDP filing jointly, head of household, or qualifying widow(er) \$9,202

Transfer the amount on line 30 to Form 540, line 18. **30**



2020 Head of Household Filing Status Schedule

3532

Attach to your California Form 540, Form 540NR, or Form 540 2EZ.

Name(s) as shown on tax return

SSN or ITIN

KRISTA L CORNWALL-MOORE

632-26-7028

Part I Marital Status

1 Check one box below to identify your marital status. See instructions.

- a Not legally married/RDP during 2020 1a
- b Widow/widower (my spouse/RDP died before 01/01/2020) 1b
- c Marriage/RDP was annulled. 1c
- d Received final decree of divorce, legal separation, dissolution, or termination of marriage/RDP by 12/31/2020. 1d
- e Legally married/RDP and did not live with spouse/RDP during 2020. 1e
- f Legally married/RDP and lived with spouse/RDP during 2020. List the beginning and ending dates for each period when you lived together. 1f

(mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy)

From: To: From: To:

Part II Qualifying Person

2 Check one box below to identify the relationship of the person that qualifies you for the head of household filing status. See instructions.

- a Son, daughter, stepson, or stepdaughter 2a
- b Grandchild, brother, sister, half brother, half sister, stepbrother, stepsister, nephew, or niece 2b
- c Eligible foster child. 2c
- d Father, mother, stepfather, or stepmother 2d
- e Grandfather, grandmother, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law, uncle, or aunt 2e

Part III Qualifying Person Information

3 Information about your qualifying person. See instructions.

First Name MATTHEW R

Last Name CORNWALL

SSN 822-68-1964

DOB (mm/dd/yyyy) If your qualifying person is age 19 or older in 2020, go to line 3a. If not, go to line 4. 06/08/2011

a Was your qualifying person a full time student under age 24 in 2020? 3a Yes No

b Was your qualifying person permanently and totally disabled in 2020? 3b Yes No

4 Enter qualifying person's gross income in 2020. See instructions. 0

5 Number of days your qualifying person lived with you during 2020. See instructions. 366

When calculating the total number of days your qualifying person lived with you, you may include any days your qualifying person was temporarily absent from your home. For example, illness, education, business, vacation, military service, and incarceration. In the event of a birth or death of your qualifying person during the year, enter 366 days.