

# California Nonresident or Part-Year Resident Income Tax Return 2011

Long Form

FORM  
**540NR C1 Side 1**

Fiscal year filers only: Enter month of year end: month \_\_\_\_\_ year 2012.

Your first name		Initial	Last name		Your SSN or ITIN		P AC A R RP
If joint tax return, spouse's/RDP's first name		Initial	Last name		Spouse's/RDP's SSN or ITIN		
Address (number and street, PO Box, or PMB no.)					Apt. no./Ste.no.	PBA Code	
City (If you have a foreign address, see page 15)					State	ZIP Code	
Date of Birth		● Your DOB (mm/dd/yyyy) ____/____/____         ● Spouse's/RDP's DOB (mm/dd/yyyy) ____/____/____					

**Prior Name** If you filed your 2010 tax return under a different last name, write the last name only from the 2010 tax return.

● Taxpayer \_\_\_\_\_ ● Spouse/RDP \_\_\_\_\_

**Filing Status**

1 <input type="radio"/> Single	4 <input type="radio"/> Head of household (with qualifying person). (see page 3)
2 <input type="radio"/> Married/RDP filing jointly. (see page 3)	5 <input type="radio"/> Qualifying widow(er) with dependent child. Enter year spouse/RDP died _____
3 <input type="radio"/> Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here _____	
If your California filing status is different from your federal filing status, fill in the circle here . . . . . ● <input type="radio"/>	

6 If someone can claim you (or your spouse/RDP) as a dependent, fill in the circle here (see page 15). . . . ●  6

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

**7 Personal:** If you filled in 1, 3, or 4 above, enter 1 in the box. If you filled in 2 or 5, enter 2.  
If you filled in the circle on line 6, see page 15. . . . . 7  X \$102 = \$ \_\_\_\_\_

**8 Blind:** If you (or your spouse/RDP) are visually impaired, enter 1;  
if both are visually impaired, enter 2 . . . . . 8  X \$102 = \$ \_\_\_\_\_

**9 Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 . ● 9  X \$102 = \$ \_\_\_\_\_

**10 Dependents:** Enter name and relationship. **Do not include yourself or your spouse/RDP.** \_\_\_\_\_  
Total dependent exemptions ● 10  X \$315 = \$ \_\_\_\_\_

**11 Exemption amount:** Add line 7 through line 10 . . . . . 11 \$ \_\_\_\_\_

<b>Total Taxable Income</b>	12 Total California wages from your Form(s) W-2, box 16 . . . . . ● 12	00
	13 Enter federal AGI from Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10 . . . . ● 13	00
	14 California adjustments – subtractions. Enter the amount from Schedule CA (540NR), line 37, column B . . . . . ● 14	00
	15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses (see page 16). . . . . 15	00
	16 California adjustments – additions. Enter the amount from Schedule CA (540NR), line 37, column C. . . . . ● 16	00
	17 Adjusted gross income from all sources. Combine line 15 and line 16 . . . . . ● 17	00
	18 Enter the <b>larger</b> of: Your California <b>itemized deductions</b> from Schedule CA (540NR), line 43; <b>OR</b> Your California <b>standard deduction</b> (see page 16) . . . . . ● 18	00
19 Subtract line 18 from line 17. This is your <b>total taxable income</b> . If less than zero, enter -0- . . . . . 19	00	

<b>CA Taxable Income</b>	31 Tax. Fill in the circle if from: <input type="radio"/> Tax Table <input type="radio"/> Tax Rate Schedule <input type="radio"/> FTB 3800 <input type="radio"/> FTB 3803. . . . . ● 31	00
	32 CA adjusted gross income from Schedule CA (540NR), Part IV, line 45. . . . ● 32	00
	35 CA Taxable Income from Schedule CA (540NR), Part IV, line 49 . . . . . ● 35	00
	36 CA Tax Rate. Divide line 31 by line 19 . . . . . 36	00
	37 CA Tax Before Exemption Credits. Multiply line 35 by line 36. . . . . 37	00
	38 CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000 . 38	00
	39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$166,565 (see page 17) . . . . . 39	00
	40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- . . . . . 40	00
	41 Tax (see page 18). Fill in the circle if from: <input type="radio"/> Schedule G-1 <input type="radio"/> FTB 5870A . . . . . ● 41	00
	42 Add line 40 and line 41. . . . . ● 42	00

Your name: \_\_\_\_\_ Your SSN or ITIN: \_\_\_\_\_

	<b>49</b> Enter the amount from Side 1, line 42 . . . . .	<b>49</b>	00
	<b>50</b> Nonrefundable Child and Dependent Care Expenses Credit (see page 18). Attach form FTB 3506. . . . . ●	<b>50</b>	00
	<b>51</b> Credit for joint custody head of household (see page 18) . . . . . ●	<b>51</b>	00
	<b>52</b> Credit for dependent parent (see page 18) . . . . . ●	<b>52</b>	00
	<b>53</b> Credit for senior head of household (see page 19) . . . . . ●	<b>53</b>	00
	<b>54</b> Credit percentage. Divide line 35 by line 19. If more than 1, enter 1.0000 (see page 19) . . . . .	<b>54</b>	
	<b>55</b> Credit amount (see page 19). . . . . ●	<b>55</b>	00
Special Credits	<b>56</b> New jobs credit, amount generated (see page 19) . . . . . ●	<b>56</b>	00
	<b>57</b> New jobs credit, amount claimed (see page 19) . . . . . ●	<b>57</b>	00
	<b>58</b> Enter credit name _____ code number _____ and amount. . ▶	<b>58</b>	00
	<b>59</b> Enter credit name _____ code number _____ and amount. . ▶	<b>59</b>	00
	<b>60</b> To claim more than two credits (see page 19) . . . . . ●	<b>60</b>	00
	<b>61</b> Nonrefundable renter's credit (see page 57). . . . . ●	<b>61</b>	00
	<b>62</b> Add line 50, line 55, and line 57 through 61. These are your total credits . . . . .	<b>62</b>	00
<b>63</b> Subtract line 62 from line 49. If less than zero, enter -0- . . . . .	<b>63</b>	00	
Other Taxes	<b>71</b> Alternative minimum tax. Attach Schedule P (540NR) . . . . . ●	<b>71</b>	00
	<b>72</b> Mental Health Services Tax (see page 20) . . . . . ●	<b>72</b>	00
	<b>73</b> Other taxes and credit recapture (see page 20) . . . . . ●	<b>73</b>	00
	<b>74</b> Add line 63, line 71, line 72, and line 73. This is your total tax. . . . . ●	<b>74</b>	00
Payments	<b>81</b> California income tax withheld (see page 20) . . . . . ●	<b>81</b>	00
	<b>82</b> 2011 CA estimated tax and other payments (see page 20) . . . . . ●	<b>82</b>	00
	<b>83</b> Real estate and other withholding (see page 20) . . . . . ●	<b>83</b>	00
	<b>84</b> Excess SDI (or VPDI) withheld. (see page 21) . . . . . ●	<b>84</b>	00
	<b>85</b> Add line 81, line 82, line 83, and line 84. These are your total payments . . . . .	<b>85</b>	00
Overpaid Tax/Tax Due	<b>101</b> Overpaid tax. If line 85 is more than line 74, subtract line 74 from line 85 . . . . .	<b>101</b>	00
	<b>102</b> Amount of line 101 you want applied to your <b>2012</b> estimated tax. . . . . ●	<b>102</b>	00
	<b>103</b> Overpaid tax available this year. Subtract line 102 from line 101. . . . . ●	<b>103</b>	00
	<b>104</b> Tax due. If line 85 is less than line 74, subtract line 85 from line 74 . . . . .	<b>104</b>	00

Your name: \_\_\_\_\_ Your SSN or ITIN: \_\_\_\_\_

	Contributions				
	Code	Amount	Code	Amount	
California Seniors Special Fund (see page 21) . . . . .	● 400	00	California Sea Otter Fund . . . . .	● 410	00
Alzheimer's Disease/Related Disorders Fund . . . . .	● 401	00	Municipal Shelter Spay-Neuter Fund . . . . .	● 412	00
California Fund for Senior Citizens . . . . .	● 402	00	California Cancer Research Fund . . . . .	● 413	00
Rare and Endangered Species Preservation Program . . . . .	● 403	00	ALS/Lou Gehrig's Disease Research Fund . . . . .	● 414	00
State Children's Trust Fund for the Prevention of Child Abuse . . . . .	● 404	00	Arts Council Fund . . . . .	● 415	00
California Breast Cancer Research Fund . . . . .	● 405	00	California Police Activities League (CALPAL) Fund . . . . .	● 416	00
California Firefighters' Memorial Fund . . . . .	● 406	00	California Veterans Homes Fund . . . . .	● 417	00
Emergency Food for Families Fund . . . . .	● 407	00	Safely Surrendered Baby Fund . . . . .	● 418	00
California Peace Officer Memorial Foundation Fund . . . . .	● 408	00	Child Victims of Human Trafficking Fund . . . . .	● 419	00
<b>120</b> Add code 400 through code 419. This is your total contribution . . . . .	● 120	00			

**121 AMOUNT YOU OWE.** Add line 104 and line 120 (see page 21). **Do not send cash.**  
 Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** . . . . . ● 121 \_\_\_\_\_ 00  
 Pay Online – Go to **ftb.ca.gov** and search for **web pay**.

**122** Interest, late return penalties, and late payment penalties. . . . . **122** \_\_\_\_\_ 00  
**123** Underpayment of estimated tax. Fill in the circle:  **FTB 5805 attached**  **FTB 5805F attached** . . . . . ● **123** \_\_\_\_\_ 00  
**124** Total amount due (see page 23). Enclose, but **do not** staple, any payment. . . . . **124** \_\_\_\_\_ 00

**125 REFUND OR NO AMOUNT DUE.** Subtract line 120 from line 103.  
 Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002** . . . . . ● **125** \_\_\_\_\_ 00

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 page 23). **Have you verified the routing and account numbers?** Use whole dollars only.

All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:  
 Checking \_\_\_\_\_  
 Savings \_\_\_\_\_ ● **126** Direct deposit amount \_\_\_\_\_ 00  
 ● Routing number ● Type ● Account number

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:  
 Checking \_\_\_\_\_  
 Savings \_\_\_\_\_ ● **127** Direct deposit amount \_\_\_\_\_ 00  
 ● Routing number ● Type ● Account number

**IMPORTANT:** Attach a copy of your complete federal return.

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 \_\_\_\_\_ Spouse's/RDP's signature (if a joint tax return, both must sign) \_\_\_\_\_ Daytime phone number (optional) (\_\_\_\_\_) \_\_\_\_\_

**Sign Here**

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

Joint tax return? (see page 23)

X \_\_\_\_\_ X \_\_\_\_\_ Date \_\_\_\_\_

Your email address (optional). Enter only one email address.

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**) ● PTIN \_\_\_\_\_

Firm's name (or yours, if self-employed) \_\_\_\_\_ Firm's address \_\_\_\_\_ ● FEIN \_\_\_\_\_

Do you want to allow another person to discuss this tax return with us? (see page 23) . . . . . ●  Yes  No

Print Third Party Designee's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_