

California Nonresident or Part-Year Resident Income Tax Return 2013

Long Form

540NR C1 Side 1

Fiscal year filers only: Enter month of year end: month _____ year 2014.

Your first name	Initial	Last name	Your SSN or ITIN	A R RP
If joint tax return, spouse's/RDP's first name	Initial	Last name	Spouse's/RDP's SSN or ITIN	
Additional information (see instructions)			PBA Code	
Street address (number and street or PO Box)			Apt. no./Ste. no.	PMB/Private Mailbox
City (If you have a foreign address, see page 9)			State	ZIP Code
Foreign Country Name		Foreign Province/State/County		Foreign Postal Code

Date of Birth
 Your DOB (mm/dd/yyyy) ____/____/____
 Spouse's/RDP's DOB (mm/dd/yyyy) ____/____/____

Prior Name
 If you filed your 2012 tax return under a different last name, write the last name only from the 2012 tax return.
 Taxpayer _____
 Spouse/RDP _____

Filing Status
 1 Single
 2 Married/RDP filing jointly (see page 3)
 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 page 3)
 5 Qualifying widow(er) with dependent child. Enter year spouse/RDP died _____
 If your California filing status is different from your federal filing status, check the box here

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here (see page 17) 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 checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see page 17. 7 X \$106 = \$ _____

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 8 X \$106 = \$ _____

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. 9 X \$106 = \$ _____

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

First name	Last name	Dependent's relationship to you
<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Total dependent exemptions 10 X \$326 = \$ _____

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

12 Total California wages from your Form(s) W-2, box 16 <input checked="" type="radio"/> 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 <input checked="" type="radio"/> 13 _____	00
14 California adjustments – subtractions. Enter the amount from Schedule CA (540NR), line 37, column B. <input checked="" type="radio"/> 14 _____	00
15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses (see page 18). <input checked="" type="radio"/> 15 _____	00
16 California adjustments – additions. Enter the amount from Schedule CA (540NR), line 37, column C. <input checked="" type="radio"/> 16 _____	00
17 Adjusted gross income from all sources. Combine line 15 and line 16 <input checked="" type="radio"/> 17 _____	00
18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), line 43; OR Your California standard deduction (see page 18) <input checked="" type="radio"/> 18 _____	00
19 Subtract line 18 from line 17. This is your total taxable income . If less than zero, enter -0- <input checked="" type="radio"/> 19 _____	00

Your name: _____ Your SSN or ITIN: _____

CA Taxable Income	31 Tax. Check the box if from: <input type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input checked="" type="radio"/> <input type="checkbox"/> FTB 3800 <input checked="" type="radio"/> <input type="checkbox"/> 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 _____ _____
	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 _____ _____
	39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$172,615 (see page 19) ● 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 20). Check the box if from: <input checked="" type="radio"/> <input type="checkbox"/> Schedule G-1 <input checked="" type="radio"/> <input type="checkbox"/> FTB 5870A. ● 41 _____ 00
	42 Add line 40 and line 41. ● 42 _____ 00
Special Credits	50 Nonrefundable Child and Dependent Care Expenses Credit (see page 20). Attach form FTB 3506. ● 50 _____ 00
	51 Credit for joint custody head of household (see page 20) ● 51 _____ 00
	52 Credit for dependent parent (see page 20) ● 52 _____ 00
	53 Credit for senior head of household (see page 21) ● 53 _____ 00
	54 Credit percentage. Divide line 35 by line 19. If more than 1, enter 1.0000 (see page 21) 54 _____ _____
	55 Credit amount (see page 21). ● 55 _____ 00
	56 New jobs credit, amount generated (see page 21) ● 56 _____ 00
	57 New jobs credit, amount claimed (see page 21) ● 57 _____ 00
	58 Enter credit name _____ code ● _____ and amount. ● 58 _____ 00
	59 Enter credit name _____ code ● _____ and amount. ● 59 _____ 00
	60 To claim more than two credits (see page 21) ● 60 _____ 00
	61 Nonrefundable renter's credit (see page 61) ● 61 _____ 00
	62 Add line 50, line 55, and line 57 through 61. These are your total credits ● 62 _____ 00
63 Subtract line 62 from line 42. If less than zero, enter -0- ● 63 _____ 00	
Other Taxes	71 Alternative minimum tax. Attach Schedule P (540NR) ● 71 _____ 00
	72 Mental Health Services Tax (see page 22) ● 72 _____ 00
	73 Other taxes and credit recapture (see page 22) ● 73 _____ 00
	74 Add line 63, line 71, line 72, and line 73. This is your total tax. ● 74 _____ 00
Payments	81 California income tax withheld (see page 22) ● 81 _____ 00
	82 2013 CA estimated tax and other payments (see page 22) ● 82 _____ 00
	83 Real estate and other withholding (see page 23) ● 83 _____ 00
	84 Excess SDI (or VPD) withheld. (see page 23) ● 84 _____ 00
	85 Add line 81, line 82, line 83, and line 84. These are your total payments ● 85 _____ 00
Overpaid Tax/Tax Due	101 Overpaid tax. If line 85 is more than line 74, subtract line 74 from line 85 ● 101 _____ 00
	102 Amount of line 101 you want applied to your 2014 estimated tax. ● 102 _____ 00
	103 Overpaid tax available this year. Subtract line 102 from line 101. ● 103 _____ 00
	104 Tax due. If line 85 is less than line 74, subtract line 85 from line 74 ● 104 _____ 00

Your name: _____ Your SSN or ITIN: _____

Contributions	Code	Amount	Code	Amount
	California Seniors Special Fund (see page 23)	● 400	00	California Sea Otter Fund
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	Child Victims of Human Trafficking Fund	● 419 00
State Children's Trust Fund for the Prevention of Child Abuse	● 404	00	California YMCA Youth and Government Fund	● 420 00
California Breast Cancer Research Fund	● 405	00	California Youth Leadership Fund	● 421 00
California Firefighters' Memorial Fund	● 406	00	School Supplies for Homeless Children Fund	● 422 00
Emergency Food for Families Fund	● 407	00	State Parks Protection Fund/Parks Pass Purchase	● 423 00
California Peace Officer Memorial Foundation Fund	● 408	00	Protect Our Coast and Oceans Fund	● 424 00
			Keep Arts in Schools Fund	● 425 00
			American Red Cross, California Chapters Fund	● 426 00
120	Add code 400 through code 426. This is your total contribution		● 120	00

121 AMOUNT YOU OWE. Add line 104 and line 120 (see page 24). **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** for more information.

122 Interest, late return penalties, and late payment penalties. 122 00
123 Underpayment of estimated tax. Check the box: ● FTB 5805 attached ● FTB 5805F attached ● 123 00
124 Total amount due (see page 25). 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 94240-0001** ● 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 25). **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
 ● 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
 ● 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 _____ Date _____ Spouse's/RDP's signature (if a joint tax return, both must sign) _____
 X _____ X _____

Your email address (optional). Enter only one email address. _____ Daytime phone number (optional) _____

Sign Here

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

Joint tax return? (see page 25)

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

Firm's name (or yours, if self-employed) _____ ● PTIN _____

Firm's address _____ ● FEIN _____

Do you want to allow another person to discuss this tax return with us? (see page 17) ● Yes No

Print Third Party Designee's Name _____ Telephone Number _____