

# 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.**

Exemptions	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"/>

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 .....  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 18) ..... 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 **larger** of: Your California **itemized deductions** from Schedule CA (540NR), line 43; **OR** Your California **standard deduction** (see page 18) .....  18 \_\_\_\_\_ 00

19 Subtract line 18 from line 17. This is your **total taxable income**. If less than zero, enter -0- .....  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 . . . . .	● 410
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
<b>120</b>	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 \_\_\_\_\_  
 ● Routing number ● Type ● Account number ● **126** Direct deposit amount \_\_\_\_\_ 00

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

**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 \_\_\_\_\_