

California Nonresident or Part-Year Resident Income Tax Return 2013

Short Form

540NR C1 Side 1

Your first name	Initial	Last name	Your SSN or ITIN	A
If joint tax return, spouse's/RDP's first name	Initial	Last name	Spouse's/RDP's SSN or ITIN	R
Additional information (See instructions)				RP
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
 4 Head of household (with qualifying person) (see page 3)
 2 Married/RDP filing jointly (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

Residency

State of residence: Yourself _____ Spouse/RDP _____
 Dates of California residency: Yourself from _____ to _____ Spouse/RDP from _____ to _____
 State or country of domicile: Yourself _____ Spouse/RDP _____

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here (see page 9) **6**

▶ For line 7, line 8, 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 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 page 9. **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 = \$ _____

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	● 12	00
Total Taxable Income	13 Enter federal adjusted gross income from Form 1040, line 37; Form 1040A, line 21; Form 1040EZ, line 4; Form 1040NR, line 36; or Form 1040NR-EZ, line 10	13	00
	If the amount on line 13 is more than \$100,000, stop here and use Long Form 540NR.		
	14 Unemployment compensation and military pay adjustment (see page 10)	● 14	00
	17 Adjusted gross income from all sources. Subtract line 14 from line 13.	● 17	00
	18 Standard deduction for your filing status. If you checked the box on line 6, see page 10.		
• Single	\$3,906		
• Married/RDP filing jointly, Head of household, or Qualifying widow(er)	\$7,812	● 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: _____

California Taxable Income

- 31 Tax on the amount shown on line 19, see line 31 instructions, page 10. ● 31 _____ 00
- 32 CA adjusted gross income. Add wages from line 12 and California taxable interest (Form 1099, box 1). Military servicemembers see line 14 instructions, page 10 ● 32 _____ 00
- 33 CA Standard Deduction Percentage. Divide line 32 by line 17. If more than 1, enter 1.0000 33 _____
- 34 CA Prorated Standard Deduction. Multiply line 18 by line 33 ● 34 _____ 00
- 35 CA Taxable Income. Subtract line 34 from line 32. If less than zero, enter -0- ● 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 ● 39 _____ 00
- 42 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- ● 42 _____ 00

Nonrefundable Renter's Credit

- 61 Nonrefundable renter's credit (see page 10) ● 61 _____ 00
- 74 Total tax. Subtract line 61 from line 42. ● 74 _____ 00

Payments

- 81 California income tax withheld (Form(s) W-2, box 17). ● 81 _____ 00

Overpaid Tax or Tax Due

- 103 Overpaid tax. If line 81 is larger than line 74, subtract line 74 from line 81 ● 103 _____ 00
- 104 Tax due. If line 81 is less than line 74, subtract line 81 from line 74 ● 104 _____ 00

Contributions	Code	Amount	Code	Amount
	Alzheimer's Disease/Related Disorders Fund ● 401	00	California Sea Otter Fund ● 410	00
California Fund for Senior Citizens ● 402	00	Municipal Shelter Spay-Neuter Fund. ● 412	00	
Rare and Endangered Species Preservation Program ● 403	00	California Cancer Research Fund ● 413	00	
State Children's Trust Fund for the Prevention of Child Abuse ● 404	00	Child Victims of Human Trafficking Fund ● 419	00	
California Breast Cancer Research Fund ● 405	00	California YMCA Youth and Government Fund ● 420	00	
California Firefighters' Memorial Fund ● 406	00	California Youth Leadership Fund ● 421	00	
Emergency Food for Families Fund ● 407	00	School Supplies for Homeless Children Fund ● 422	00	
California Peace Officer Memorial Foundation Fund ● 408	00	State Parks Protection Fund/Parks Pass Purchase ● 423	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 401 through code 426. This is your total contribution ● 120	00			

Your name: _____ Your SSN or ITIN: _____

121 AMOUNT YOU OWE. Add line 104 and line 120 (see page 10). **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.

125 REFUND OR NO AMOUNT DUE. Subtract line 120 from line 103. ● 125 _____ .00
Mail to:
**FRANCHISE TAX BOARD
PO BOX 942840
SACRAMENTO CA 94240-0001**

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 10).
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 _____ .00
_____ Savings _____ .00
● Routing number ● Type ● Account number ● 126 Direct deposit amount

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:

_____ Checking _____ .00
_____ Savings _____ .00
● Routing number ● Type ● Account number ● 127 Direct deposit amount

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 11)

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