

2014

California Nonresident or Part-Year Resident Income Tax Return

Short Form

540NR

Personal information section including name, SSN, address, and contact details.

Date of Birth section for taxpayer and spouse/RDP.

Prior Name section for those who have changed names.

Filing Status section with options for Single, Married/RDP, Head of household, etc.

Residency section for state and country of residence.

Dependent status section (line 6).

Whole dollars only instruction for lines 7, 8, and 10.

Line 7 Personal: Instructions for entering filing status.

Line 8 Blind: Instructions for visually impaired taxpayers.

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

Table for dependent exemptions with columns for First name, Last name, and Dependent's relationship to you.

Total dependent exemptions calculation (line 10).

Line 11 Exemption amount: Add line 7 through line 10.

Total Taxable Income section (lines 12-19) including wages, federal AGI, and standard deduction.

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

California Taxable Income

- 31 Tax on the amount shown on line 19, see line 31 instructions . . . . . ● 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 . . . . . ● 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 instructions . . . . . ● 61 \_\_\_\_\_|00
- 74 Total tax. Subtract line 61 from line 42. If less than zero, enter -0- . . . . . ● 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

	Code	Amount		Code	Amount
Alzheimer's Disease/Related Disorders Fund . . . . .	● 401	00	Child Victims of Human Trafficking Fund . . . . .	● 419	00
Rare and Endangered Species Preservation Program . . . . .	● 403	00	School Supplies for Homeless Children Fund . . . . .	● 422	00
California Breast Cancer Research Fund . . . . .	● 405	00	State Parks Protection Fund/Parks Pass Purchase . . . . .	● 423	00
California Firefighters' Memorial Fund . . . . .	● 406	00	Protect Our Coast and Oceans Fund . . . . .	● 424	00
Emergency Food for Families Fund . . . . .	● 407	00	Keep Arts in Schools Fund . . . . .	● 425	00
California Peace Officer Memorial Foundation Fund . . . . .	● 408	00	American Red Cross, California Chapters Fund . . . . .	● 426	00
California Sea Otter Fund . . . . .	● 410	00	California Senior Legislature Fund . . . . .	● 427	00
California Cancer Research Fund . . . . .	● 413	00	Habitat for Humanity Fund . . . . .	● 428	00
			California Sexual Violence Victim Services Fund . . . . .	● 429	00

- 120 Add code 401 through code 429. This is your total contribution . . . . . ● 120 \_\_\_\_\_|00

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

**121 AMOUNT YOU OWE.** Add line 104 and line 120. See instructions. **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 instructions  
**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 instructions)

\_\_\_\_\_  
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 instructions. . . . ●  Yes  No

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