

2015

California Nonresident or Part-Year Resident Income Tax Return Long Form

540NR

Fiscal year filers only: Enter month of year end: month year 2016.

Form fields for personal information: Your first name, Last name, SSN or ITIN, Spouse's/RDP's first name, Last name, SSN or ITIN, Street address, City, State, ZIP code, Foreign country name, Foreign province/state/country, Foreign postal code.

Date of Birth fields: Your DOB (mm/dd/yyyy), Spouse's/RDP's DOB (mm/dd/yyyy)

Prior Name field: If you filed your 2014 tax return under a different last name, write the last name only from the 2014 tax return.

Filing Status section: 1 Single, 2 Married/RDP filing jointly, 3 Married/RDP filing separately, 4 Head of household, 5 Qualifying widow(er), 6 If someone can claim you as a dependent.

Exemptions section: 7 Personal, 8 Blind, 9 Senior, 10 Dependents. Do not include yourself or your spouse/RDP.

Table for Exemptions with columns: Dependent 1, Dependent 2, Dependent 3. Rows: First Name, Last Name, SSN, Dependent's relationship to you.

Total dependent exemptions field: Total dependent exemptions X \$337 = \$

11 Exemption amount: Add line 7 through line 10 X \$337 = \$

Total Taxable Income section: 12 Total California wages, 13 Enter federal AGI, 14 California adjustments - subtractions, 15 Subtract line 14 from line 13, 16 California adjustments - additions, 17 Adjusted gross income, 18 Enter the larger of: Your California itemized deductions or standard deduction, 19 Subtract line 18 from line 17.

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 \$178,706, see instructions. ● 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 instructions. 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 instructions. Attach form FTB 3506 ● 50 _____ 00
	51 Credit for joint custody head of household. See instructions. ● 51 _____ 00
	52 Credit for dependent parent. See instructions. ● 52 _____ 00
	53 Credit for senior head of household. See instructions. ● 53 _____ 00
	54 Credit percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. See instructions. ● 54 _____ _____
	55 Credit amount. See instructions. ● 55 _____ 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 instructions. ● 60 _____ 00
	61 Nonrefundable renter's credit. See instructions. ● 61 _____ 00
62 Add line 50 and line 55 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 instructions. ● 72 _____ 00
	73 Other taxes and credit recapture. See instructions. ● 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 instructions. ● 81 _____ 00
	82 2015 CA estimated tax and other payments. See instructions. ● 82 _____ 00
	83 Withholding (Form 592-B and/or 593). See instructions. ● 83 _____ 00
	84 Excess SDI (or VPD) withheld. See instructions. ● 84 _____ 00
	85 Earned Income Tax Credit (EITC) ● 85 _____ 00
	86 Add lines 81 through 85. These are your total payments. See instructions. ● 86 _____ 00
Overpaid Tax/Tax Due	101 Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86 ● 101 _____ 00
	102 Amount of line 101 you want applied to your 2016 estimated tax. ● 102 _____ 00
	103 Overpaid tax available this year. Subtract line 102 from line 101. ● 103 _____ 00
	104 Tax due. If line 86 is less than line 74, subtract line 86 from line 74 ● 104 _____ 00

Your name: _____ Your SSN or ITIN: _____

Contributions	Code	Amount	Code	Amount	
	California Seniors Special Fund See inst.	● 400	00	Child Victims of Human Trafficking Fund	● 419
Alzheimer's Disease/Related Disorders Fund	● 401	00	School Supplies for Homeless Children Fund	● 422	00
Rare and Endangered Species Preservation Program	● 403	00	State Parks Protection Fund/Parks Pass Purchase	● 423	00
California Breast Cancer Research Fund	● 405	00	Protect Our Coast and Oceans Fund	● 424	00
California Firefighters' Memorial Fund	● 406	00	Keep Arts in Schools Fund	● 425	00
Emergency Food for Families Fund	● 407	00	California Senior Legislature Fund	● 427	00
California Peace Officer Memorial Foundation Fund	● 408	00	Habitat for Humanity Fund	● 428	00
California Sea Otter Fund	● 410	00	California Sexual Violence Victim Services Fund	● 429	00
California Cancer Research Fund	● 413	00	State Children's Trust Fund for the Prevention of Child Abuse	● 430	00
			Prevention of Animal Homelessness & Cruelty Fund	● 431	00
120 Add code 400 through code 431. This is your total contribution	● 120	00			

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.

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 instructions. 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 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 _____
 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.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to **ftb.ca.gov** and search for **privacy notice**. To request this notice by mail, call 800.852.5711.

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 _____