

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, Spouse's/RDP's SSN or ITIN, Street address, City, State, ZIP code, Foreign country name, Foreign province/state/country, Foreign postal code.

Date of Birth section: Your DOB (mm/dd/yyyy) and Spouse's/RDP's DOB (mm/dd/yyyy).

Prior Name section: If you filed your 2014 tax return under a different last name, write the last name only from the 2014 tax return. Taxpayer and Spouse/RDP options.

Filing Status section: 1 Single, 2 Married/RDP filing jointly, 3 Married/RDP filing separately, 4 Head of household, 5 Qualifying widow(er) with dependent child.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst 6

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

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

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

Total Taxable Income section: 12 Total California wages from your Form(s) W-2, box 16. 13 Enter federal AGI from Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10. 14 California adjustments - subtractions. 15 Subtract line 14 from line 13. 16 California adjustments - additions. 17 Adjusted gross income from all sources. 18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), line 44; OR Your California standard deduction. 19 Subtract line 18 from line 17. This is your total taxable income.

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 _____	● 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"/> Schedule G-1 <input checked="" type="radio"/> 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 _____