

2017 California Nonresident or Part-Year Resident Income Tax Return Short Form

540NR

Check here if this is an AMENDED return.

Form fields for personal information: Your first name, Last name, Suffix, Your SSN or ITIN, Spouse's/RDP's first name, Last name, Suffix, Spouse's/RDP's SSN or ITIN, Additional information, PBA code, Street address, Apt. no./ste. no., PMB/private mailbox, City, State, ZIP code, Foreign country name, Foreign province/state/county, 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 2016 tax return under a different last name, write the last name only from the 2016 tax return. Your prior name and Spouse's/RDP's prior name.

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

Residency section: State of residence, Dates of California residency, State or country of domicile.

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

8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2.

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

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

Total dependent exemptions 10 X \$353 = \$

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 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. 14 Unemployment compensation and military pay adjustment. 17 Adjusted gross income from all sources. 18 Standard deduction for your filing status. 19 Subtract line 18 from line 17. This is your total taxable income.

Your name: _____ Your SSN or ITIN: _____

California Taxable Income

- 31 Tax on the amount shown on line 19, see 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
- 85 Earned Income Tax Credit (EITC) ● 85 _____ | 00
- 86 Total payments. Add line 81 and line 85. ● 86 _____ | 00

Overpaid Tax or Tax Due

- 103 Overpaid tax. If line 86 is larger than line 74, subtract line 74 from line 86 ● 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
Alzheimer's Disease/Related Disorders Fund	● 401	00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	● 403	00
California Breast Cancer Research Voluntary Tax Contribution Fund	● 405	00
California Firefighters' Memorial Fund	● 406	00
Emergency Food for Families Voluntary Tax Contribution Fund	● 407	00
California Peace Officer Memorial Foundation Fund	● 408	00
California Sea Otter Fund	● 410	00
California Cancer Research Voluntary Tax Contribution Fund	● 413	00
School Supplies for Homeless Children Fund	● 422	00
State Parks Protection Fund/Parks Pass Purchase	● 423	00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	● 424	00
Keep Arts in Schools Voluntary Tax Contribution Fund	● 425	00
State Children's Trust Fund for the Prevention of Child Abuse	● 430	00
Prevention of Animal Homelessness and Cruelty Fund	● 431	00
Revive the Salton Sea Fund	● 432	00
California Domestic Violence Victims Fund	● 433	00
Special Olympics Fund	● 434	00
Type 1 Diabetes Research Fund	● 435	00
California YMCA Youth and Government Voluntary Tax Contribution Fund	● 436	00
Habitat for Humanity Voluntary Tax Contribution Fund	● 437	00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	● 438	00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	● 439	00
Rape Backlog Kit Voluntary Tax Contribution Fund	● 440	00
120 Add code 401 through code 440. This is your total contribution	● 120	00

Your name: _____ Your SSN or ITIN: _____

Amount You Owe

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** ● 12100
 Pay Online – Go to ftb.ca.gov/pay for more information.

Refund and Direct Deposit

125 REFUND OR NO AMOUNT DUE. Subtract line 120 from line 103. ● 12500
 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

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/forms and search for **1131**. 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. Enter only one email address. Preferred phone number

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