2018

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

FORM	
540NF	2

	Ch	eck here if t	this is an Al	MEND	ED r	eturn			Fise	cal ye	ear file	s only: I	Ente	r mor	th of	year er	nd: m	onth_		ye	ar 20	019.
Your f	irst na	ame		In	itial	Last na	ame							Suffix		Your S	SN or	ITIN				1 .
																	_					Α
If joint	tax r	eturn, spouse's	s/RDP's first na	me In	itial	Last na	ame							Suffix		Spouse	e's/RD	P's SSN	or ITIN			R
																	_]
Additi	onal i	nformation (see	e instructions)														PE	BA code				
																						DD
Street	addr	ess (number ar	nd street) or Po	O box										Apt. n	o/ste. r	0.	PI	MB/priva	te mailbo	ox		RP
City (I	f you	have a foreign	address, see i	nstructio	ns)									S	tate	ZIP cod	e					
																						_
Foreig	gn cou	ıntry name						Forei	ign pro	vince/s	state/cou	nty					For	eign pos	tal code			
ا ر		Your DOB (r	mm/dd/yyyy)								Spous	se's/RDP	's D(OB (m	m/dd/\	/VVV)						
Date of Birth	•		, a.a, , , , , , , ,							•)					,,,,						
		Your prior n	ame (see ins	truction	ns)						Spou	se's/RDP	's pri	or nar	ne (se	e instru	ctions	s)				
Prior Name	•									•												
Filing Status	2		le ied/RDP filing ied/RDP filing				'	e's/R[Quali See i	fying nstruc	widow(ctions.	er). Ente	er yea	ır spoi	use/RD		struct	ions.				
	6	If someone	can claim yo	ıı (or vo	nur s	nouse	/RDP)	as a d	enend	ent c	heck th	e hox her	re Se	e inst		•	6	1				
_		line 7, line 8,																ne l	Whole (hollar	e on	lv
•	7 8	Personal: If checked box Blind: If you if both are vi	you checked (2 or 5, enter I (or your spo isually impair	l box 1, r 2. If y ouse/R[red, ent	3, o ou cl DP) a er 2	r 4 abo necked re visi	ove, end the bou ually in	ter 1 in ox on I npaired	n the l line 6, d, ente	box. If see ir er 1;	f you nstruction	ons. ①	7 [Дх	\$118	= • \$ = • \$						
		if both are 6	5 or older, en	nter 2 .								•	9 L	X	\$118	= •\$						
	10	Dependents	Do not incl: Depende	ude yo nt 1	urse	f or yo	our spo	use/R	RDP. De	epende	ent 2					Deper	ident (3				
Exemptions		First Name	•						\odot									-				
Ехеп		Last Name	•						\odot													
		SSN	•						•													
		Dependent's relationship to you	•						•													
,	Total	dependent ex	xemptions								•	10		X \$3	867 =	•\$						

Υοι	ır nar	ne: Your SSN or ITIN:	
	11	Exemption amount: Add line 7 through line 10	• 11 \$
Total Taxable Income	12	Total California wages from your Form(s) W-2, box 16	.00
	13 14	Enter federal AGI from Form 1040, line 7; 1040NR, line 35; or 1040NR-EZ, line 10	• 14
	15 16	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15 .00 • 16 .00
	17 18	Adjusted gross income from all sources. Combine line 15 and line 16	• 17
		enter -0	● 19
	31	Tax. Check the box if from:	
	32	FTB 3800 FTB 3803 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1 32	• 31 .00
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 5	● 35
come	36	CA Tax Rate. Divide line 31 by line 19	
ple In	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	● 37
CA Taxable Income	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000	
	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$194,504, see instructions	● 39
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0	• 40
	41	Tax. See instructions. Check the box if from: ● Schedule G-1 ● FTB 5870A	• 4100
	42	Add line 40 and line 41	● 42 .00
Special Credits	50 51	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506	• 50 -00
	52 53	Credit for dependent parent. See instructions • 52 Credit for senior head of household. See instructions • 53	- 00 - 00
	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions	·IVV
	55	Credit amount. See instructions	• 55

You	r nar	ıme: Your SSN or ITIN:	
penu	58	Enter credit name code ● and amount ● 58	.00
contii	59	Enter credit name code ● and amount ● 59	
Special Credits continued	60	To claim more than two credits. See instructions	_ 00
ial Cr	61	Nonrefundable renter's credit. See instructions	. 00
Spec	62	Add line 50 and line 55 through 61. These are your total credits	_ 00
	63	Subtract line 62 from line 42. If less than zero, enter -0	_ 00
S	71	Alternative minimum tax. Attach Schedule P (540NR)	
Other Taxes	72	Mental Health Services Tax. See instructions	
Othe	73	Other taxes and credit recapture. See instructions	
	74	Add line 63, line 71, line 72, and line 73. This is your total tax	00
	81	California income tax withheld. See instructions	
10	82	2018 CA estimated tax and other payments. See instructions	
Payments	83	Withholding (Form 592-B and/or 593). See instructions	
Pay	84	Excess SDI (or VPDI) withheld. See instructions	
	85	Earned Income Tax Credit (EITC) • 85	
	86	Add lines 81 through 85. These are your total payments. See instructions 86	00
en(
Тах Г	101	Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86	
Tax/	102	P. Amount of line 101 you want applied to your 2019 estimated tax	
Overpaid Tax/Tax Due	103	Overpaid tax available this year. Subtract line 102 from line 101	
OVe	104	Tax due. If line 86 is less than line 74, subtract line 86 from line 74 • 104	_ 00
		Code Amount	
ions		California Seniors Special Fund. See instructions • 400	_ 00
Contributions		Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	. 00
Con		Rare and Endangered Species Preservation Voluntary Tax Contribution Program	_ 00

Your name:	Your SSN or ITIN:	

		<u>Code</u>	<u>Amount</u>	
	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
(n	State Children's Trust Fund for the Prevention of Child Abuse	430		00
Contributions	Prevention of Animal Homelessness and Cruelty Fund	431		00
	Revive the Salton Sea Fund	432		00
ပ	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
	Organ and Tissue Donor Registry Voluntary Tax Contribution Fund	• 441		00
	National Alliance on Mental Illness California Voluntary Tax Contribution Fund	• 442		00
	Schools Not Prisons Voluntary Tax Contribution Fund	443		00
	120 Add code 400 through code 443. This is your total contribution	120		00

Your nar	me: Your SSN or ITIN:				
Amount You Owe	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 Pay Online – Go to ftb.ca.gov/pay for more information.	.00			
9	Interest, late return penalties, and late payment penalties	.00			
	Total amount due. See instructions. Enclose, but do not staple, any payment	-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				
Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a dep 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: Type Routing number Account number Savings					
_	The consistence was to force of the district of the district days it into the consent above halo				
	The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below.	N'.			
	● Routing number Checking Savings ■ Type Checking Savings	27 Direct deposit amount .00			
IMPORTA	ANT: Attach a copy of your complete federal return.				
To learn a ftb.ca.go	about your privacy rights, how we may use your information, and the consequences for not providing the request forms and search for 1131. To request this notice by mail, call 800.852.5711. Enalties of perjury, I declare that I have examined this tax return, including accompanying schedules and state and belief, it is true, correct, and complete.				
Your signa	ture Date Spouse's/RDP's signature (if	a joint tax return, both must sign)			
	Your email address. Enter only one email address.	Preferred phone number			
Sign					
Here	Doid propagate a signature (declaration of propagate board on all information of which propagate board trans-	vledge)			
It is unlay to forge a spouse's RDP's	wful Firm's name (or yours, if self-employed)	● PTIN			
signature	Firm's address	● Firm's FEIN			
Joint tax return?					
(See instructio	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			