

California Nonresident or Part-Year Resident Income Tax Return 2011

Short Form

540NR C1 Side 1

Personal information section including first name, last name, SSN/ITIN, spouse information, address, city, state, and ZIP code.

Date of Birth and Prior Name section with fields for individual and spouse birth dates and previous names.

Filing Status section with options for Single, Married/RDP, Head of household, and Qualifying widow(er).

Residency section with options for State of residence, Dates of California residency, and State or country of domicile.

Line 6: If someone can claim you (or your spouse/RDP) as a dependent, fill in the circle here.

Exemptions section including instructions for line 7, 8 (Blind), 10 (Dependents), and 11 (Exemption amount).

Total Taxable Income section with lines 12 through 19, including wages, federal adjusted gross income, and deductions.

California Taxable Income section with lines 31 through 42, including tax on amount shown, CA adjusted gross income, and proration of credits.

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

50 Amount from Side 1, line 42 ..... 50 \_\_\_\_\_ 00

61 Nonrefundable renter's credit. (see page 10) ..... ● 61 \_\_\_\_\_ 00
74 Total tax. Subtract line 61 from line 50. .... ● 74 \_\_\_\_\_ 00

81 California income tax withheld (Form(s) W-2, box 17)..... ● 81 \_\_\_\_\_ 00

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

Table with 2 columns: Code, Amount. Rows include Alzheimer's Disease/Related Disorders Fund (401), California Fund for Senior Citizens (402), Rare and Endangered Species Preservation Program (403), State Children's Trust Fund (404), California Breast Cancer Research Fund (405), California Firefighters' Memorial Fund (406), Emergency Food for Families Fund (407), California Peace Officer Memorial Foundation Fund (408), California Sea Otter Fund (410), Municipal Shelter Spay-Neuter Fund (412), California Cancer Research Fund (413), ALS/Lou Gehrig's Disease Research Fund (414), Arts Council Fund (415), California Police Activities League (CALPAL) Fund (416), California Veterans Homes Fund (417), Safely Surrendered Baby Fund (418), Child Victims of Human Trafficking Fund (419).

120 Add code 401 through code 419. This is your total contribution ..... ● 120 \_\_\_\_\_ 00

121 AMOUNT YOU OWE. Add line 104 and line 120. (see page 10) 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 and search for web pay.

125 REFUND OR NO AMOUNT DUE. Subtract line 120 from line 103.
Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002 ..... ● 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 page 10).
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

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here
Your signature \_\_\_\_\_ Spouse's/RDP's signature (if filing jointly, both must sign) \_\_\_\_\_ Daytime phone number (optional) ( ) \_\_\_\_\_
Date \_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_
Your email address (optional). Enter only one email address.

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) ● PTIN \_\_\_\_\_

Firm's name (or yours if self-employed) \_\_\_\_\_ Firm's address \_\_\_\_\_ ● FEIN \_\_\_\_\_

Do you want to allow another person to discuss this tax return with us? (see page 11) ..... ● [ ] Yes [ ] No

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