

California Nonresident or Part-Year Resident Income Tax Return 2012

Long Form

540NR C1 Side 1

Fiscal year filers only: Enter month of year end: month _____ year 2013.

Your first name Initial _____ Last name _____	Your SSN or ITIN _____		P AC A R RP
If joint tax return, spouse's/RDP's first name Initial _____ Last name _____	Spouse's/RDP's SSN or ITIN _____		
Address (number and street, PO Box, or PMB no.) _____		Apt. no./Ste.no. _____ PBA Code _____	
City (If you have a foreign address, see page 17) _____		State _____ ZIP Code _____	

Date of Birth

● Your DOB (mm/dd/yyyy) ____/____/____ ● Spouse's/RDP's DOB (mm/dd/yyyy) ____/____/____

Prior Name

If you filed your 2011 tax return under a different last name, write the last name only from the 2011 tax return.
 ● Taxpayer: _____ ● Spouse/RDP: _____

Filing Status

1 Single 4 Head of household (with qualifying person) (see page 3)
 2 Married/RDP filing jointly (see page 3) 5 Qualifying widow(er) with dependent child. Enter year spouse/RDP died _____
 3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here _____
 If your California filing status is different from your federal filing status, check the box here ●

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here (see page 17) ● 6

► For line 7, line 8, line 9, 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, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see page 17. 7 X \$104 = \$ _____

8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 8 X \$104 = \$ _____

9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 . ● 9 X \$104 = \$ _____

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

Exemptions

First name	Last name	Dependent's relationship to you

Total dependent exemptions ● 10 X \$321 = \$ _____

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 ● 12	00
13 Enter federal AGI from Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10	13 00
14 California adjustments – subtractions. Enter the amount from Schedule CA (540NR), line 37, column B ● 14	00
15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses (see page 18).	15 00
16 California adjustments – additions. Enter the amount from Schedule CA (540NR), line 37, column C. ● 16	00
17 Adjusted gross income from all sources. Combine line 15 and line 16 ● 17	00
18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), line 43; OR Your California standard deduction (see page 18) ● 18	00
19 Subtract line 18 from line 17. This is your total taxable income . If less than zero, enter -0-	19 00

Your name: _____ Your SSN or ITIN: _____

	31	Tax. Check the box if from: <input type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803	<input checked="" type="radio"/>	31	_____	00
	32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 45.	<input checked="" type="radio"/>	32	_____	00
CA Taxable Income	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 49	<input checked="" type="radio"/>	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 \$169,730 (see page 19)		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 page 20). Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A	<input checked="" type="radio"/>	41	_____	00
	42	Add line 40 and line 41.	<input checked="" type="radio"/>	42	_____	00
Special Credits	50	Nonrefundable Child and Dependent Care Expenses Credit (see page 20). Attach form FTB 3506.	<input checked="" type="radio"/>	50	_____	00
	51	Credit for joint custody head of household (see page 20)	<input checked="" type="radio"/>	51	_____	00
	52	Credit for dependent parent (see page 20)	<input checked="" type="radio"/>	52	_____	00
	53	Credit for senior head of household (see page 21)	<input checked="" type="radio"/>	53	_____	00
	54	Credit percentage. Divide line 35 by line 19. If more than 1, enter 1.0000 (see page 21)		54	_____	
	55	Credit amount (see page 21).	<input checked="" type="radio"/>	55	_____	00
	56	New jobs credit, amount generated (see page 21)	<input checked="" type="radio"/>	56	_____	00
	57	New jobs credit, amount claimed (see page 21)	<input checked="" type="radio"/>	57	_____	00
	58	Enter credit name _____ code number _____ and amount. ▶ 58 _____	▶	58	_____	00
	59	Enter credit name _____ code number _____ and amount. ▶ 59 _____	▶	59	_____	00
	60	To claim more than two credits (see page 21)	<input checked="" type="radio"/>	60	_____	00
	61	Nonrefundable renter's credit (see page 61)	<input checked="" type="radio"/>	61	_____	00
	62	Add line 50, line 55, and line 57 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)	<input checked="" type="radio"/>	71	_____	00
	72	Mental Health Services Tax (see page 22)	<input checked="" type="radio"/>	72	_____	00
	73	Other taxes and credit recapture (see page 22)	<input checked="" type="radio"/>	73	_____	00
	74	Add line 63, line 71, line 72, and line 73. This is your total tax.	<input checked="" type="radio"/>	74	_____	00
Payments	81	California income tax withheld (see page 22)	<input checked="" type="radio"/>	81	_____	00
	82	2012 CA estimated tax and other payments (see page 22)	<input checked="" type="radio"/>	82	_____	00
	83	Real estate and other withholding (see page 23)	<input checked="" type="radio"/>	83	_____	00
	84	Excess SDI (or VPD) withheld. (see page 23)	<input checked="" type="radio"/>	84	_____	00
	85	Add line 81, line 82, line 83, and line 84. These are your total payments.		85	_____	00
Overpaid Tax/Tax Due	101	Overpaid tax. If line 85 is more than line 74, subtract line 74 from line 85		101	_____	00
	102	Amount of line 101 you want applied to your 2013 estimated tax.	<input checked="" type="radio"/>	102	_____	00
	103	Overpaid tax available this year. Subtract line 102 from line 101.	<input checked="" type="radio"/>	103	_____	00
	104	Tax due. If line 85 is less than line 74, subtract line 85 from line 74		104	_____	00

Your name: _____ Your SSN or ITIN: _____

Contributions	Code	Amount	Code	Amount
	California Seniors Special Fund (see page 23)	● 400	00	California Sea Otter Fund
Alzheimer's Disease/Related Disorders Fund	● 401	00	Municipal Shelter Spay-Neuter Fund	● 412 00
California Fund for Senior Citizens	● 402	00	California Cancer Research Fund	● 413 00
Rare and Endangered Species Preservation Program	● 403	00	ALS/Lou Gehrig's Disease Research Fund	● 414 00
State Children's Trust Fund for the Prevention of Child Abuse	● 404	00	Child Victims of Human Trafficking Fund	● 419 00
California Breast Cancer Research Fund	● 405	00	California YMCA Youth and Government Fund	● 420 00
California Firefighters' Memorial Fund	● 406	00	California Youth Leadership Fund	● 421 00
Emergency Food for Families Fund	● 407	00	School Supplies for Homeless Children Fund	● 422 00
California Peace Officer Memorial Foundation Fund	● 408	00	State Parks Protection Fund/Parks Pass Purchase	● 423 00
120	Add code 400 through code 423. This is your total contribution	● 120		00

121 AMOUNT YOU OWE. Add line 104 and line 120 (see page 24). **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 page 25). 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 page 25). **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 _____ ● 126 Direct deposit amount _____ 00
 ● Routing number ● Type ● Account number

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:
 Checking _____
 Savings _____ ● 127 Direct deposit amount _____ 00
 ● Routing number ● Type ● Account number

IMPORTANT: Attach a copy of your complete federal return.

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 _____ Spouse's/RDP's signature (if a joint tax return, both must sign) _____ Daytime phone number (optional) _____

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Joint tax return? (see page 25)

X _____ X _____ Date _____

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 25) ● Yes No

Print Third Party Designee's Name _____ Telephone Number _____