

**California Nonresident or Part-Year  
Resident Income Tax Return 2013****Short Form****540NR C1 Side 1**

Your first name	Initial	Last name	Your SSN or ITIN	A R RP
If joint tax return, spouse's/RDP's first name	Initial	Last name	Spouse's/RDP's SSN or ITIN	
Additional information (See instructions)				
Street address (Number and street or PO Box)			Apt. no./Ste. no.	PMB/Private Mailbox
City (If you have a foreign address, see page 9)			State	ZIP Code
Foreign Country Name		Foreign Province/State/County		Foreign Postal Code

**Date of Birth**

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

**Prior Name**

If you filed your 2012 tax return under a different last name, write the last name only from the 2012 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 \_\_\_\_\_

If your California filing status is different from your federal filing status, check the box here ..... ● ☐

**Residency**

☐ State of residence: Yourself \_\_\_\_\_ Spouse/RDP \_\_\_\_\_

☐ Dates of California residency: Yourself from \_\_\_\_\_ to \_\_\_\_\_ Spouse/RDP from \_\_\_\_\_ to \_\_\_\_\_

☐ State or country of domicile: Yourself \_\_\_\_\_ Spouse/RDP \_\_\_\_\_

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here (see page 9) ..... ● 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.

If you checked the box on line 6, see page 9. .... 7 ☐ X \$106 = \$ \_\_\_\_\_

**8 Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 .. 8 ☐ X \$106 = \$ \_\_\_\_\_

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

First name	Last name	Dependent's relationship to you
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total dependent exemptions ..... ● 10 ☐ X \$326 = ● \$ \_\_\_\_\_

**11 Exemption amount:** Add line 7 through line 10. .... 11 \$ \_\_\_\_\_

**12** Total California wages from your Form(s) W-2, box 16 ..... ● 12 \_\_\_\_\_ 00

**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 ..... 13 \_\_\_\_\_ 00

**If the amount on line 13 is more than \$100,000, stop here and use Long Form 540NR.**

**14** Unemployment compensation and military pay adjustment (see page 10) ..... ● 14 \_\_\_\_\_ 00

**17** Adjusted gross income from all sources. Subtract line 14 from line 13. .... ● 17 \_\_\_\_\_ 00

**18 Standard deduction** for your filing status. If you checked the box on line 6, see page 10.

• Single ..... \$3,906

• Married/RDP filing jointly, Head of household, or Qualifying widow(er) ..... ● 18 \$7,812 ..... 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: \_\_\_\_\_

California Taxable Income

- 31** Tax on the amount shown on line 19, see line 31 instructions, page 10. • **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, page 10. • **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 page 10) • **61** \_\_\_\_\_ | 00
- 74** Total tax. Subtract line 61 from line 42. • **74** \_\_\_\_\_ | 00

Payments

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

Overpaid Tax or Tax Due

- 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

Contributions

	Code	Amount		Code	Amount
Alzheimer's Disease/Related Disorders Fund	• 401	00	California Sea Otter Fund	• 410	00
California Fund for Senior Citizens	• 402	00	Municipal Shelter Spay-Neuter Fund	• 412	00
Rare and Endangered Species Preservation Program	• 403	00	California Cancer Research Fund	• 413	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
			Protect Our Coast and Oceans Fund	• 424	00
			Keep Arts in Schools Fund	• 425	00
			American Red Cross, California Chapters Fund	• 426	00
<b>120</b> Add code 401 through code 426. This is your total contribution	• <b>120</b>	_____			00

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

**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** for more information.

**125 REFUND OR NO AMOUNT DUE.** Subtract line 120 from line 103. .... ● **125** ..... **.00**  
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 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 ..... **.00**  
☐ 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 ..... **.00**  
☐ Savings .....  
● Routing number      ● Type      ● Account number      ● **127** Direct deposit amount

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 page 11)

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 page 17) ..... ● ☐ Yes ☐ No

Print Third Party Designee's Name

Telephone Number