

2015

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

540NR

Fiscal year filers only: Enter month of year end: month year 2016.

Form fields for personal information: Your first name, Last name, SSN or ITIN, Spouse's/RDP's first name, Spouse's/RDP's SSN or ITIN, Street address, City, State, ZIP code, Foreign country name, Foreign province/state/country, 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 2014 tax return under a different last name, write the last name only from the 2014 tax return. Taxpayer and Spouse/RDP.

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

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

Exemptions section: 7 Personal, 8 Blind, 9 Senior, 10 Dependents: Do not include yourself or your spouse/RDP.

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

Total dependent exemptions 10 X \$337 = \$
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 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 instructions 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 44; OR Your California standard deduction. See instructions 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: _____

CA Taxable Income	31 Tax. Check the box if from: <input type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input checked="" type="radio"/> <input type="checkbox"/> FTB 3800 <input checked="" type="radio"/> <input type="checkbox"/> FTB 3803 ● 31 _____ 00
	32 CA adjusted gross income from Schedule CA (540NR), Part IV, line 45. ● 32 _____ 00
	35 CA Taxable Income from Schedule CA (540NR), Part IV, line 49 ● 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. If the amount on line 13 is more than \$178,706, see instructions. ● 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 instructions. Check the box if from: ● <input type="checkbox"/> Schedule G-1 ● <input type="checkbox"/> FTB 5870A ● 41 _____ 00	
42 Add line 40 and line 41. ● 42 _____ 00	

Special Credits	50 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506 ● 50 _____ 00
	51 Credit for joint custody head of household. See instructions. ● 51 _____ 00
	52 Credit for dependent parent. See instructions. ● 52 _____ 00
	53 Credit for senior head of household. See instructions. ● 53 _____ 00
	54 Credit percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. See instructions. ● 54 _____ _____
	55 Credit amount. See instructions. ● 55 _____ 00
	58 Enter credit name _____ code ● _____ and amount. ● 58 _____ 00
	59 Enter credit name _____ code ● _____ and amount. ● 59 _____ 00
60 To claim more than two credits. See instructions. ● 60 _____ 00	
61 Nonrefundable renter's credit. See instructions. ● 61 _____ 00	
62 Add line 50 and line 55 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). ● 71 _____ 00
	72 Mental Health Services Tax. See instructions. ● 72 _____ 00
	73 Other taxes and credit recapture. See instructions. ● 73 _____ 00
	74 Add line 63, line 71, line 72, and line 73. This is your total tax. ● 74 _____ 00

Payments	81 California income tax withheld. See instructions. ● 81 _____ 00
	82 2015 CA estimated tax and other payments. See instructions. ● 82 _____ 00
	83 Withholding (Form 592-B and/or 593). See instructions. ● 83 _____ 00
	84 Excess SDI (or VPD) withheld. See instructions. ● 84 _____ 00
	85 Earned Income Tax Credit (EITC) ● 85 _____ 00
	86 Add lines 81 through 85. These are your total payments. See instructions. ● 86 _____ 00

Overpaid Tax/Tax Due	101 Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86 ● 101 _____ 00
	102 Amount of line 101 you want applied to your 2016 estimated tax. ● 102 _____ 00
	103 Overpaid tax available this year. Subtract line 102 from line 101. ● 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	Code	Amount	
	California Seniors Special Fund See inst.	● 400	00	Child Victims of Human Trafficking Fund	● 419
Alzheimer's Disease/Related Disorders Fund	● 401	00	School Supplies for Homeless Children Fund	● 422	00
Rare and Endangered Species Preservation Program	● 403	00	State Parks Protection Fund/Parks Pass Purchase	● 423	00
California Breast Cancer Research Fund	● 405	00	Protect Our Coast and Oceans Fund	● 424	00
California Firefighters' Memorial Fund	● 406	00	Keep Arts in Schools Fund	● 425	00
Emergency Food for Families Fund	● 407	00	California Senior Legislature Fund	● 427	00
California Peace Officer Memorial Foundation Fund	● 408	00	Habitat for Humanity Fund	● 428	00
California Sea Otter Fund	● 410	00	California Sexual Violence Victim Services Fund	● 429	00
California Cancer Research Fund	● 413	00	State Children's Trust Fund for the Prevention of Child Abuse	● 430	00
			Prevention of Animal Homelessness & Cruelty Fund	● 431	00
120 Add code 400 through code 431. This is your total contribution	● 120	00			

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** ● 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 instructions. 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 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 _____
 Savings _____
 ● Routing number ● Type ● Account number ● **126** Direct deposit amount _____ 00
 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 _____ 00

IMPORTANT: Attach a copy of your complete federal return.

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** and search for **privacy notice**. 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 (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 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 _____