

2015**California Nonresident or Part-Year Resident Income Tax Return****Short Form****540NR**

Your first name	Initial	Last name	Suffix	Your SSN or ITIN	A R RP
If joint tax return, spouse's/RDP's first name	Initial	Last name	Suffix	Spouse's/RDP's SSN or ITIN	
Additional Information (See instructions)				PBA code	
Street address (number and street) or PO box			Apt. no./ste. no.	PMB/private mailbox	
City (If you have a foreign address, see instructions)			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 2014 tax return under a different last name, write the last name only from the 2014 tax return.

● Taxpayer, _____ ● Spouse/RDP, _____

Filing Status

1 ☐ Single 4 ☐ Head of household (with qualifying person). See instructions.
 2 ☐ Married/RDP filing jointly. See inst. 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 inst. ● 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 instructions. ● 7 ☐ X \$109 = ● \$ _____

8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. ● 8 ☐ X \$109 = ● \$ _____

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

	Dependent 1	Dependent 2	Dependent 3
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 ● \$ _____

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 instructions ● 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 instructions.

• Single \$4,044

• Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$8,088. ● 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: _____

California Taxable Income

- 31** Tax on the amount shown on line 19, see line 31 instructions ● **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 ● **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 instructions ● **61** _____ 00
- 74** Total tax. Subtract line 61 from line 42. If less than zero, enter -0- ● **74** _____ 00

Payments

- 81** California income tax withheld (Form(s) W-2, box 17) ● **81** _____ 00
- 85** Earned Income Tax Credit (EITC) ● **85** _____ 00
- 86** Total payments. Add line 81 and line 85. ● **86** _____ 00

Overpaid Tax or Tax Due

- 103** Overpaid tax. If line 86 is larger than line 74, subtract line 74 from line 86 ● **103** _____ 00
- 104** Tax due. If line 86 is less than line 74, subtract line 86 from line 74 ● **104** _____ 00

Contributions

	Code	Amount		Code	Amount
Alzheimer's Disease/Related Disorders Fund	● 401	00	Child Victims of Human Trafficking Fund	● 419	00
Rare and Endangered Species Preservation Program	● 403	00	School Supplies for Homeless Children Fund	● 422	00
California Breast Cancer Research Fund	● 405	00	State Parks Protection Fund/Parks Pass Purchase	● 423	00
California Firefighters' Memorial Fund	● 406	00	Protect Our Coast and Oceans Fund	● 424	00
Emergency Food for Families Fund	● 407	00	Keep Arts in Schools Fund	● 425	00
California Peace Officer Memorial Foundation Fund	● 408	00	California Senior Legislature Fund	● 427	00
California Sea Otter Fund	● 410	00	Habitat for Humanity Fund	● 428	00
California Cancer Research Fund	● 413	00	California Sexual Violence Victim Services Fund	● 429	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 401 through code 431. This is your total contribution	● 120	00			

Your name: _____ Your SSN or ITIN: _____

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.

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 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 **.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

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