

# California Nonresident or Part-Year Resident Income Tax Return

2020

540NR

Check here if this is an AMENDED return. Fiscal year filers only: Enter month of year end: month \_\_\_\_\_ year 2021.

Your first name	Initial	Last name	Suffix	Your SSN or ITIN	<input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> RP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
If joint tax return, spouse's/RDP's first name	Initial	Last name	Suffix	Spouse's/RDP's SSN or ITIN	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Additional information (see instructions)				PBA code	
<input type="text"/>				<input type="text"/>	
Street address (number and street) or PO box			Apt. no/ste. no.	PMB/private mailbox	
<input type="text"/>			<input type="text"/>	<input type="text"/>	
City (If you have a foreign address, see instructions)			State	ZIP code	
<input type="text"/>			<input type="text"/>	<input type="text"/>	
Foreign country name		Foreign province/state/county		Foreign postal code	
<input type="text"/>		<input type="text"/>		<input type="text"/>	

Date of Birth	Your DOB (mm/dd/yyyy)	Spouse's/RDP's DOB (mm/dd/yyyy)
	<input type="text"/>	<input type="text"/>
Prior Name	Your prior name (see instructions)	Spouse's/RDP's prior name (see instructions)
	<input type="text"/>	<input type="text"/>

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

Filing Status	1 <input type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). See instructions.
	2 <input type="checkbox"/> Married/RDP filing jointly. See inst.	5 <input type="checkbox"/> Qualifying widow(er). Enter year spouse/RDP died. <input type="text"/>
	See instructions. <input type="text"/>	
3 <input type="checkbox"/> Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here <input type="text"/>		
6 <input type="checkbox"/> If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst . . . . .	6 <input type="checkbox"/>	

▶ For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line. **Whole dollars only**

Exemptions	7 <b>Personal:</b> 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 instructions. ● 7 <input type="text"/> X \$124 = ● \$ <input type="text"/>																			
	8 <b>Blind:</b> If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 . . . . . ● 8 <input type="text"/> X \$124 = ● \$ <input type="text"/>																			
	9 <b>Senior:</b> If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 . . . . . ● 9 <input type="text"/> X \$124 = ● \$ <input type="text"/>																			
	10 <b>Dependents: Do not include yourself or your spouse/RDP.</b>																			
	<table border="1"> <thead> <tr> <th></th> <th>Dependent 1</th> <th>Dependent 2</th> <th>Dependent 3</th> </tr> </thead> <tbody> <tr> <td>First Name</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Last Name</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>SSN. See instructions.</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Dependent's relationship to you</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>		Dependent 1	Dependent 2	Dependent 3	First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	SSN. See instructions.	<input type="text"/>	<input type="text"/>	<input type="text"/>	Dependent's relationship to you	<input type="text"/>	<input type="text"/>
	Dependent 1	Dependent 2	Dependent 3																	
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>																	
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>																	
SSN. See instructions.	<input type="text"/>	<input type="text"/>	<input type="text"/>																	
Dependent's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>																	
Total dependent exemptions . . . . . ● 10 <input type="text"/> X \$383 = ● \$ <input type="text"/>																				

Your name:  Your SSN or ITIN:

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

**Total Taxable Income**

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

**13** Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11 .....  **13**   **.00**

**14** California adjustments – subtractions. Enter the amount from Schedule CA (540NR), Part II, line 23, 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), Part II, line 23, 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), Part III, line 30; **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**

**CA Taxable Income**

**31** Tax. Check the box if from:  Tax Table  Tax Rate Schedule  
  FTB 3800   FTB 3803 ..... **31**   **.00**

**32** CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. ....  **32**   **.00**

**35** CA Taxable Income from Schedule CA (540NR), Part IV, line 5. ....  **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 \$203,341, 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:   Schedule G-1   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. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions .....  **54**

**55** Credit amount. See instructions .....  **55**   **.00**

Your name:  Your SSN or ITIN:

**Special Credits continued**

- 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 Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions ..... ● 74  .00
- 75 Add line 63, line 71, line 72, line 73, and line 74. This is your total tax ..... ● 75  .00

**Payments**

- 81 California income tax withheld. See instructions ..... ● 81  .00
- 82 2020 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 Young Child Tax Credit (YCTC). See instructions ..... ● 86  .00
- 87 Net Premium Assistance Subsidy (PAS). See instructions ..... ● 87  .00
- 88 Add line 81 through line 87. These are your total payments. See instructions ..... ● 88  .00

**ISR Penalty**

- 91 Individual Shared Responsibility (ISR) Penalty. See instructions ..... ● 91  .00
- Full-year health care coverage.

**Overpaid Tax/Tax Due**

- 92 Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91, subtract line 91 from line 88. .... ● 92  .00
- 93 Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88, subtract line 88 from line 91. .... ● 93  .00
- 101 Overpaid tax. If line 92 is more than line 75, subtract line 75 from line 92. .... ● 101  .00
- 102 Amount of line 101 you want applied to your 2021 estimated tax ..... ● 102  .00

Your name:  Your SSN or ITIN:

**103** Overpaid tax available this year. Subtract line 102 from line 101 ..... ● **103**  .00  
**104** Tax due. If line 92 is less than line 75, subtract line 92 from line 75 ..... ● **104**  .00

		<u>Code</u>	<u>Amount</u>	
<b>Contributions</b>	California Seniors Special Fund. See instructions .....	● <b>400</b>	<input type="text"/>	.00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund .....	● <b>401</b>	<input type="text"/>	.00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program .....	● <b>403</b>	<input type="text"/>	.00
	California Breast Cancer Research Voluntary Tax Contribution Fund .....	● <b>405</b>	<input type="text"/>	.00
	California Firefighters' Memorial Voluntary Tax Contribution Fund .....	● <b>406</b>	<input type="text"/>	.00
	Emergency Food for Families Voluntary Tax Contribution Fund .....	● <b>407</b>	<input type="text"/>	.00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund .....	● <b>408</b>	<input type="text"/>	.00
	California Sea Otter Voluntary Tax Contribution Fund .....	● <b>410</b>	<input type="text"/>	.00
	California Cancer Research Voluntary Tax Contribution Fund .....	● <b>413</b>	<input type="text"/>	.00
	School Supplies for Homeless Children Fund .....	● <b>422</b>	<input type="text"/>	.00
	State Parks Protection Fund/Parks Pass Purchase .....	● <b>423</b>	<input type="text"/>	.00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund .....	● <b>424</b>	<input type="text"/>	.00
	Keep Arts in Schools Voluntary Tax Contribution Fund .....	● <b>425</b>	<input type="text"/>	.00
	Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund .....	● <b>431</b>	<input type="text"/>	.00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund .....	● <b>438</b>	<input type="text"/>	.00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund .....	● <b>439</b>	<input type="text"/>	.00
	Rape Kit Backlog Voluntary Tax Contribution Fund .....	● <b>440</b>	<input type="text"/>	.00
	Schools Not Prisons Voluntary Tax Contribution Fund .....	● <b>443</b>	<input type="text"/>	.00
Suicide Prevention Voluntary Tax Contribution Fund .....	● <b>444</b>	<input type="text"/>	.00	
<b>120</b> Add code 400 through code 444. This is your total contribution .....	● <b>120</b>	<input type="text"/>	.00	

Your name:  Your SSN or ITIN:

**Amount You Owe** 121 **AMOUNT YOU OWE.** Add line 93, 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/pay** for more information.

**Interest and Penalties** 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

**Refund and Direct Deposit** 125 **REFUND OR NO AMOUNT DUE.** Subtract line 120 from line 103. See instructions.  
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:

● Routing number  ● Type  Checking ● Account number  ● 126 Direct deposit amount  .00  
 Savings

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:

● Routing number  ● Type  Checking ● Account number  ● 127 Direct deposit amount  .00  
 Savings

**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/forms** and search for **1131**. 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)

● Your email address. Enter only one email address.  ● Preferred phone number

**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  ● Firm's 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