

California Nonresident or Part-Year Resident Income Tax Return

2021

540NR

Check here if this is an AMENDED return. Fiscal year filers only: Enter month of year end: month year 2022

Personal information section including fields for first name, last name, SSN, address, and city.

Date of Birth and Prior Name section with input fields for both you and your spouse/RDP.

Filing Status section with radio buttons for Single, Married/RDP filing jointly, Head of household, etc.

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

Exemptions section 7-9: Personal, Blind, Senior. Includes instructions and input fields for each category.

Exemptions section 10: Dependents. Includes a table for Dependent 1, 2, and 3 with fields for First Name, Last Name, SSN, and relationship.

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 27, 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 27, 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 \$212,288, 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 2021 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 If you and your household had full-year health care coverage, check the box.
See instructions. Medicare Part A or C coverage is qualifying health care coverage. ●
If you did not check the box, see instructions.
Individual Shared Responsibility (ISR) Penalty. See instructions... ● 91 .00

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 2022 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>
Contributions	California Seniors Special Fund. See instructions	● 400	<input type="text"/> .00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	● 401	<input type="text"/> .00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	● 403	<input type="text"/> .00
	California Breast Cancer Research Voluntary Tax Contribution Fund	● 405	<input type="text"/> .00
	California Firefighters' Memorial Voluntary Tax Contribution Fund	● 406	<input type="text"/> .00
	Emergency Food for Families Voluntary Tax Contribution Fund	● 407	<input type="text"/> .00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	● 408	<input type="text"/> .00
	California Sea Otter Voluntary Tax Contribution Fund	● 410	<input type="text"/> .00
	California Cancer Research Voluntary Tax Contribution Fund	● 413	<input type="text"/> .00
	School Supplies for Homeless Children Voluntary Tax Contribution Fund	● 422	<input type="text"/> .00
	State Parks Protection Fund/Parks Pass Purchase	● 423	<input type="text"/> .00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	● 424	<input type="text"/> .00
	Keep Arts in Schools Voluntary Tax Contribution Fund	● 425	<input type="text"/> .00
	Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	● 431	<input type="text"/> .00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	● 438	<input type="text"/> .00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	● 439	<input type="text"/> .00
	Rape Kit Backlog Voluntary Tax Contribution Fund	● 440	<input type="text"/> .00
	Schools Not Prisons Voluntary Tax Contribution Fund	● 443	<input type="text"/> .00
Suicide Prevention Voluntary Tax Contribution Fund	● 444	<input type="text"/> .00	
Mental Health Crisis Prevention Voluntary Tax Contribution Fund	● 445	<input type="text"/> .00	
California Community and Neighborhood Tree Voluntary Tax Contribution Fund	● 446	<input type="text"/> .00	
120 Add code 400 through code 446. This is your total contribution	● 120	<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.

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

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.

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

Joint tax return? (See instructions)

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