

# California Nonresident or Part-Year Resident Income Tax Return 2013

## Long Form

## 540NR C1 Side 1

Fiscal year filers only: Enter month of year end: month \_\_\_\_\_ year 2014.

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)			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 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  
 2  Married/RDP filing jointly (see page 3)  
 3  Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here \_\_\_\_\_  
 4  Head of household (with qualifying person) (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 ..... ●

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here (see page 17) .... ● 6

► For line 7, line 8, line 9, 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, 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 page 17. .... 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 = \$ \_\_\_\_\_

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. ● 9  X \$106 = ● \$ \_\_\_\_\_

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

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

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 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 page 18). .... 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 43; **OR** Your California **standard deduction** (see page 18) ..... ● 18 \_\_\_\_\_ 00

19 Subtract line 18 from line 17. This is your **total taxable income**. If less than zero, enter -0- ..... ● 19 \_\_\_\_\_ 00

Total Taxable Income

Exemptions

## State Income Tax Return Forms

You can prepare and efile this tax form on efile.com as part of your current Federal and/or State Tax Return on from:

**Early January until mid October**

[You can start, prepare, and efile your tax return now](#)

You will just need to answer a few tax questions and the efile.com tax preparation software will select the correct tax forms for you.



### Attention

**If you missed the mid October efile deadline for the current tax year you have the following options to prepare and file your tax return:**

**1. You can download the State Tax form here:**

<http://www.efile.com/support-state-tax-agency-list/>

**2. Work online on your tax return with an efile Tax Professional**

[Start working with a LIVE TaxPRO](#)

**3. Download Federal tax forms by tax year, complete and mail to the IRS**

[Download Federal Tax Forms](#)

### Free Tax Tools, Calculators and Educators

Head of Household Educator:

<http://www.efile.com/claim-head-of-household-single-qualifying-person-requirement-tax-tool/>

Qualifying Child Dependent Educator:

<http://www.efile.com/qualifying-child-test-qualified-dependent-tax-tool/>

Qualifying Relative Educator:

<http://www.efile.com/qualifying-relative-test-dependent-requirement-tax-tool/>

Earned Income Tax Credit Educator:

<http://www.efile.com/what-is-the-earned-income-tax-credit-eitc-eic-eligibility-schedule-calculator/>

Child Tax Credit Educator:

<http://www.efile.com/how-to-qualify-for-child-tax-credit-deduction-requirements-tool/>

**Got Tax Questions? [Contact efile.com!](#)**

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

<b>CA Taxable Income</b>	<b>31</b> 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 . . . . . ● <b>31</b> _____   00
	<b>32</b> CA adjusted gross income from Schedule CA (540NR), Part IV, line 45. . . . . ● <b>32</b> _____   00
	<b>35</b> CA Taxable Income from Schedule CA (540NR), Part IV, line 49 . . . . . ● <b>35</b> _____   00
	<b>36</b> CA Tax Rate. Divide line 31 by line 19 . . . . . ● <b>36</b> _____   _____
	<b>37</b> CA Tax Before Exemption Credits. Multiply line 35 by line 36. . . . . ● <b>37</b> _____   00
	<b>38</b> CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. ● <b>38</b> _____   _____
	<b>39</b> CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$172,615 (see page 19) . . . . . ● <b>39</b> _____   00
	<b>40</b> CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- . . . . . ● <b>40</b> _____   00
	<b>41</b> Tax (see page 20). Check the box if from: <input checked="" type="radio"/> <input type="checkbox"/> Schedule G-1 <input checked="" type="radio"/> <input type="checkbox"/> FTB 5870A. . . . . ● <b>41</b> _____   00
	<b>42</b> Add line 40 and line 41. . . . . ● <b>42</b> _____   00
<b>Special Credits</b>	<b>50</b> Nonrefundable Child and Dependent Care Expenses Credit (see page 20). Attach form FTB 3506. . . . . ● <b>50</b> _____   00
	<b>51</b> Credit for joint custody head of household (see page 20) . . . . . ● <b>51</b> _____   00
	<b>52</b> Credit for dependent parent (see page 20) . . . . . ● <b>52</b> _____   00
	<b>53</b> Credit for senior head of household (see page 21) . . . . . ● <b>53</b> _____   00
	<b>54</b> Credit percentage. Divide line 35 by line 19. If more than 1, enter 1.0000 (see page 21) . . . . . <b>54</b> _____   _____
	<b>55</b> Credit amount (see page 21). . . . . ● <b>55</b> _____   00
	<b>56</b> New jobs credit, amount generated (see page 21) . . . . . ● <b>56</b> _____   00
	<b>57</b> New jobs credit, amount claimed (see page 21) . . . . . ● <b>57</b> _____   00
	<b>58</b> Enter credit name _____ code ● _____ and amount. . . . . ● <b>58</b> _____   00
	<b>59</b> Enter credit name _____ code ● _____ and amount. . . . . ● <b>59</b> _____   00
<b>60</b> To claim more than two credits (see page 21) . . . . . ● <b>60</b> _____   00	
<b>61</b> Nonrefundable renter's credit (see page 61) . . . . . ● <b>61</b> _____   00	
<b>62</b> Add line 50, line 55, and line 57 through 61. These are your total credits . . . . . ● <b>62</b> _____   00	
<b>63</b> Subtract line 62 from line 42. If less than zero, enter -0- . . . . . ● <b>63</b> _____   00	
<b>Other Taxes</b>	<b>71</b> Alternative minimum tax. Attach Schedule P (540NR) . . . . . ● <b>71</b> _____   00
	<b>72</b> Mental Health Services Tax (see page 22) . . . . . ● <b>72</b> _____   00
	<b>73</b> Other taxes and credit recapture (see page 22) . . . . . ● <b>73</b> _____   00
	<b>74</b> Add line 63, line 71, line 72, and line 73. This is your total tax. . . . . ● <b>74</b> _____   00
<b>Payments</b>	<b>81</b> California income tax withheld (see page 22) . . . . . ● <b>81</b> _____   00
	<b>82</b> 2013 CA estimated tax and other payments (see page 22) . . . . . ● <b>82</b> _____   00
	<b>83</b> Real estate and other withholding (see page 23) . . . . . ● <b>83</b> _____   00
	<b>84</b> Excess SDI (or VPD) withheld. (see page 23) . . . . . ● <b>84</b> _____   00
	<b>85</b> Add line 81, line 82, line 83, and line 84. These are your total payments . . . . . ● <b>85</b> _____   00
<b>Overpaid Tax/Tax Due</b>	<b>101</b> Overpaid tax. If line 85 is more than line 74, subtract line 74 from line 85 . . . . . ● <b>101</b> _____   00
	<b>102</b> Amount of line 101 you want applied to your <b>2014</b> estimated tax. . . . . ● <b>102</b> _____   00
	<b>103</b> Overpaid tax available this year. Subtract line 102 from line 101. . . . . ● <b>103</b> _____   00
	<b>104</b> Tax due. If line 85 is less than line 74, subtract line 85 from line 74 . . . . . ● <b>104</b> _____   00

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

Contributions	Code	Amount	Code	Amount	
	California Seniors Special Fund (see page 23) . . . . .	● 400	00	California Sea Otter Fund . . . . .	● 410
Alzheimer's Disease/Related Disorders Fund . . . . .	● 401	00	Municipal Shelter Spay-Neuter Fund . . . . .	● 412	00
California Fund for Senior Citizens . . . . .	● 402	00	California Cancer Research Fund . . . . .	● 413	00
Rare and Endangered Species Preservation Program . . . . .	● 403	00	Child Victims of Human Trafficking Fund . . . . .	● 419	00
State Children's Trust Fund for the Prevention of Child Abuse . . . . .	● 404	00	California YMCA Youth and Government Fund . . . . .	● 420	00
California Breast Cancer Research Fund . . . . .	● 405	00	California Youth Leadership Fund . . . . .	● 421	00
California Firefighters' Memorial Fund . . . . .	● 406	00	School Supplies for Homeless Children Fund . . . . .	● 422	00
Emergency Food for Families Fund . . . . .	● 407	00	State Parks Protection Fund/Parks Pass Purchase . . . . .	● 423	00
California Peace Officer Memorial Foundation Fund . . . . .	● 408	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 400 through code 426. This is your total contribution . . . . .		● 120		00

**121 AMOUNT YOU OWE.** Add line 104 and line 120 (see page 24). **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 page 25). 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 page 25). **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 \_\_\_\_\_ ● **126** Direct deposit amount \_\_\_\_\_ 00  
 ● Routing number ● Type ● Account number

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:  
 Checking \_\_\_\_\_  
 Savings \_\_\_\_\_ ● **127** Direct deposit amount \_\_\_\_\_ 00  
 ● Routing number ● Type ● Account number

**IMPORTANT:** Attach a copy of your complete federal return.

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 25)

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 \_\_\_\_\_