

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.

Personal information section including name, SSN, address, and contact details.

Date of Birth and Prior Name section.

Filing Status section with options for Single, Married/RDP, etc.

Section 6: Dependent claim checkbox.

Exemptions section 7-10: Personal, Blind, Senior, and Dependents.

Table for dependent information (First Name, Last Name, SSN, Relationship) and total exemption calculation.

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

Contributions		<u>Code</u>	<u>Amount</u>	
	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 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
	<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**

**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**

**Refund and Direct Deposit** 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