

California Nonresident or Part-Year Resident Income Tax Return 2010

FORM

Long Form

540NR C1 Side 1

Fiscal year filers only: Enter month of year end: month _____ year 2011.

Your first name Initial _____ Last name _____	Your SSN or ITIN _____	P AC A R RP
If joint return, spouse's/RDP's first name Initial _____ Last name _____	Spouse's/RDP's SSN or ITIN _____	
Address (number and street, PO Box, or PMB no.) _____	Apt. no./Ste.no. _____ PBA Code _____	
City (If you have a foreign address, see page 15) _____	State _____ ZIP Code _____	

Date of Birth
 ● Your DOB (mm/dd/yyyy) ____/____/____ ● Spouse's/RDP's DOB (mm/dd/yyyy) ____/____/____

Prior Name
 If you filed your 2009 tax return under a different last name, write the last name only from the 2009 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, fill in the circle here ●

6 If someone can claim you (or your spouse/RDP) as a dependent, fill in the circle here (see page 15). . . . ● 6

Exemptions
 ▶ 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 filled in 1, 3, or 4 above, enter 1 in the box. If you filled in 2 or 5, enter 2.
 If you filled in the circle on line 6, see page 15. 7 X \$99 = \$ _____

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1;
 if both are visually impaired, enter 2 8 X \$99 = \$ _____

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 . . ● 9 X \$99 = \$ _____

10 **Dependents:** Enter name and relationship. **Do not include yourself or your spouse/RDP.** _____
 _____ Total dependent exemptions ● 10 X \$99 = \$ _____

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

Total Taxable Income
 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 16). 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 16) ● 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. Fill in the circle 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 45. . . . ● 32 _____ 00

35 CA Taxable Income from Schedule CA (540NR), Part IV, line 49 ● 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
 \$162,186 (see page 17) 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 page 18). Fill in the circle if from: Schedule G-1 FTB 5870A. ● 41 _____ 00

42 Add line 40 and line 41. ● 42 _____ 00

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: _____

	50	Enter the amount from Side 1, line 42	50	00
Special Credits	51	Credit for joint custody head of household (see page 18) ●	51	00
	52	Credit for dependent parent (see page 18) ●	52	00
	53	Credit for senior head of household (see page 19) ●	53	00
	54	Credit percentage. Divide line 35 by line 19. If more than 1, enter 1.0000 (see page 19)	54	_____
	55	Credit amount (see page 19) ●	55	00
	56	New jobs credit, amount generated (see page 19) ●	56	00
	57	New jobs credit, amount claimed (see page 19) ●	57	00
	58	Enter credit name _____ code no _____ and amount. . . ▶	58	00
	59	Enter credit name _____ code no _____ and amount. . . ▶	59	00
	60	To claim more than two credits (see page 19) ●	60	00
61	Nonrefundable renter's credit (see page 57) ●	61	00	
62	Add line 55 and line 57 through line 61. These are your total credits	62	00	
63	Subtract line 62 from line 50. 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 page 20) ●	72	00
	73	Other taxes and credit recapture (see page 20) ●	73	00
	74	Add line 63, line 71, line 72, and line 73. This is your total tax. ●	74	00

81	California income tax withheld (see page 20) ●	81	00
82	2010 CA estimated tax and other payments (see page 20) ●	82	00
83	Real estate and other withholding (see page 20) ●	83	00
84	Excess SDI (or VPDI) withheld. To see if you qualify (see page 21) ●	84	00

Child and Dependent Care Expenses Credit (see page 21). Attach form FTB 3506.

Payments	85	Qualifying person's social security number ●	85	____-____-____
	86	Qualifying person's social security number ●	86	____-____-____
	87	Enter the amount from form FTB 3506, Part III, line 8 ●	87	00
	88	Child and Dependent Care Expenses Credit from form FTB 3506, Part III, line 12 ●	88	00
	89	Add line 81, line 82, line 83, line 84, and line 88. These are your total payments.	89	00

Overpaid Tax/Due	101	Overpaid tax. If line 89 is more than line 74, subtract line 74 from line 89	101	00
	102	Amount of line 101 you want applied to your 2011 estimated tax ●	102	00
	103	Overpaid tax available this year. Subtract line 102 from line 101 ●	103	00
	104	Tax due. If line 89 is less than line 74, subtract line 89 from line 74	104	00

Your name: _____ Your SSN or ITIN: _____

Contributions		Code	Amount
	California Seniors Special Fund. See instructions (see page 21)	● 400	00
	Alzheimer's Disease/Related Disorders Fund	● 401	00
	California Fund for Senior Citizens	● 402	00
	Rare and Endangered Species Preservation Program	● 403	00
	State Children's Trust Fund for the Prevention of Child Abuse	● 404	00
	California Breast Cancer Research Fund	● 405	00
	California Firefighters' Memorial Fund	● 406	00
	Emergency Food for Families Fund	● 407	00
	California Peace Officer Memorial Foundation Fund	● 408	00
	California Sea Otter Fund	● 410	00
	California Cancer Research Fund	● 413	00
	Arts Council Fund	● 415	00
	California Police Activities League (CALPAL) Fund	● 416	00
	California Veterans Homes Fund	● 417	00
	Safely Surrendered Baby Fund	● 418	00
	120 Add code 400 through code 418. This is your total contribution	● 120	00

Amount You Owe

121 AMOUNT YOU OWE. Add line 104 and line 120 (see page 22). **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** and search for **web pay**.

Interest and Penalties

122 Interest, late return penalties, and late payment penalties **122** _____ 00
123 Underpayment of estimated tax. Fill in the circle: ○ **FTB 5805 attached** ○ **FTB 5805F attached** ● **123** _____ 00
124 Total amount due (see page 23). 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.
 Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002** ● **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 23). **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 return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature _____ Spouse's/RDP's signature (if a joint tax return, both must sign) _____ Daytime phone number (optional) (_____) _____

Sign Here

X _____ X _____ Date _____

Your email address (optional). Enter only one email address.

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)		● Paid preparer's PTIN/SSN
Firm's name (or yours, if self-employed)	Firm's address	● FEIN

It is unlawful to forge a spouse's/RDP's signature.
 Joint tax return? (see page 23)

Do you want to allow another person to discuss this tax return with us (see page 23)? ● Yes No

Print Third Party Designee's Name _____ Telephone Number _____