

# California Nonresident or Part-Year Resident Income Tax Return 2011

## Short Form

## 540NR C1 Side 1

Your first name Initial Last name	Your SSN or ITIN	P AC A R RP
If joint tax 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.	
City (If you have a foreign address, see page 9)	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 2010 tax return under a different last name, write the last name only from the 2010 return.  
● Taxpayer \_\_\_\_\_ ● Spouse/RDP \_\_\_\_\_

**Filing Status**

1  Single  
2  Married/RDP filing jointly. (see page 3)  
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. . . . . ●

**Residency**

State of residence: Yourself \_\_\_\_\_ Spouse/RDP \_\_\_\_\_  
 Dates of California residency: Yourself from \_\_\_\_\_ to \_\_\_\_\_ Spouse/RDP from \_\_\_\_\_ to \_\_\_\_\_  
 State or country of domicile: Yourself \_\_\_\_\_ Spouse/RDP \_\_\_\_\_

6 If someone can claim you (or your spouse/RDP) as a dependent, fill in the circle here (see page 9). . . . . ● 6

**Exemptions**

▶ For line 7, line 8, 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 or 4 above, enter 1 in the box. If you filled in 2 or 5, enter 2 in the box.  
If you filled in the circle on line 6, see page 9 . . . . . 7  X \$102 = \$ \_\_\_\_\_

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 8  X \$102 = \$ \_\_\_\_\_

10 **Dependents:** Enter name and relationship. **Do not include yourself or your spouse/RDP.** \_\_\_\_\_  
Total dependent exemptions . . . . ● 10  X \$315 = \$ \_\_\_\_\_

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 adjusted gross income from Form 1040, line 37; Form 1040A, line 21; Form 1040EZ, line 4; Form 1040NR, line 36; or Form 1040NR-EZ, line 10 . . . . . 13 \_\_\_\_\_ 00

**If the amount on line 13 is more than \$100,000, stop here and use Long Form 540NR.**

14 Unemployment compensation and military pay adjustment. (see page 10) . . . . . ● 14 \_\_\_\_\_ 00

17 Adjusted gross income from all sources. Subtract line 14 from line 13. . . . . ● 17 \_\_\_\_\_ 00

18 **Standard deduction** for your filing status. If you filled in the circle on line 6, see page 10.  
● Single . . . . . \$3,769  
● Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . . . \$7,538. . . . . ● 18 \_\_\_\_\_ 00

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

**California Taxable Income**

31 Tax on the amount shown on line 19 . . . . . ● 31 \_\_\_\_\_ 00

32 CA adjusted gross income. Add wages from line 12 and California taxable interest (Form 1099, box 1). Military servicemembers see line 14 instructions, page 10. . . . . ● 32 \_\_\_\_\_ 00

33 CA Standard Deduction Percentage. Divide line 32 by line 17. If more than 1, enter 1.0000 . . . . . 33 \_\_\_\_\_

34 CA Prorated Standard Deduction. Multiply line 18 by line 33. . . . . 34 \_\_\_\_\_ 00

35 CA Taxable Income. Subtract line 34 from line 32. If less than zero, enter -0- . . . . . ● 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 . . . . . 39 \_\_\_\_\_ 00

42 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- . . . . . ● 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 Amount from Side 1, line 42 ..... 50 \_\_\_\_\_ 00

61 Nonrefundable renter's credit. (see page 10) ..... ● 61 \_\_\_\_\_ 00
74 Total tax. Subtract line 61 from line 50. .... ● 74 \_\_\_\_\_ 00

81 California income tax withheld (Form(s) W-2, box 17)..... ● 81 \_\_\_\_\_ 00

103 Overpaid tax. If line 81 is larger than line 74, subtract line 74 from line 81 ..... ● 103 \_\_\_\_\_ 00

104 Tax due. If line 81 is less than line 74, subtract line 81 from line 74 ..... 104 \_\_\_\_\_ 00

Table with columns: Code, Amount, Code, Amount. Rows include various contribution funds like Alzheimer's Disease/Related Disorders Fund, California Fund for Senior Citizens, etc.

120 Add code 401 through code 419. This is your total contribution ..... ● 120 \_\_\_\_\_ 00

121 AMOUNT YOU OWE. Add line 104 and line 120. (see page 10) 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.

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 10).
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, Account number, Direct deposit amount]
The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:
[Routing number, Type, Account number, Direct deposit amount]

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.

Sign Here
Your signature \_\_\_\_\_ Spouse's/RDP's signature (if filing jointly, both must sign) \_\_\_\_\_ Daytime phone number (optional) ( ) \_\_\_\_\_
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) \_\_\_\_\_ ● PTIN \_\_\_\_\_
Firm's name (or yours if self-employed) \_\_\_\_\_ Firm's address \_\_\_\_\_ ● FEIN \_\_\_\_\_
Do you want to allow another person to discuss this tax return with us? (see page 11) ..... ● [ ] Yes [ ] No
Print Third Party Designee's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_