

2015

California Nonresident or Part-Year Resident Income Tax Return

Short Form

540NR

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

Date of Birth section for taxpayer and spouse/RDP.

Prior Name section for taxpayers with different last names.

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

Residency section for state and country of residence.

Dependent claim section (line 6).

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 checked box 1 or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box.

If you checked the box on line 6, see instructions. 7 X \$109 = \$

8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. 8 X \$109 = \$

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

Table with 3 columns: Exemptions, Dependent 1, Dependent 2, Dependent 3. Rows include First Name, Last Name, SSN, and relationship.

Total dependent exemptions 10 X \$337 = \$

11 Exemption amount: Add line 7 through line 10. 11 X \$ = \$

Total Taxable Income section (lines 12-19) including wages, federal AGI, and deductions.

Your name: _____ Your SSN or ITIN: _____

California Taxable Income

- 31 Tax on the amount shown on line 19, see line 31 instructions ● 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 ● 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

Nonrefundable Renter's Credit

- 61 Nonrefundable renter's credit. See instructions ● 61 _____ 00
- 74 Total tax. Subtract line 61 from line 42. If less than zero, enter -0- ● 74 _____ 00

Payments

- 81 California income tax withheld (Form(s) W-2, box 17) ● 81 _____ 00
- 85 Earned Income Tax Credit (EITC) ● 85 _____ 00
- 86 Total payments. Add line 81 and line 85. ● 86 _____ 00

Overpaid Tax or Tax Due

- 103 Overpaid tax. If line 86 is larger than line 74, subtract line 74 from line 86 ● 103 _____ 00
- 104 Tax due. If line 86 is less than line 74, subtract line 86 from line 74 ● 104 _____ 00

Contributions	Code	Amount	Code	Amount
	Alzheimer's Disease/Related Disorders Fund ● 401	00	Child Victims of Human Trafficking Fund ● 419	00
Rare and Endangered Species Preservation Program ● 403	00	School Supplies for Homeless Children Fund ● 422	00	
California Breast Cancer Research Fund ● 405	00	State Parks Protection Fund/Parks Pass Purchase ● 423	00	
California Firefighters' Memorial Fund ● 406	00	Protect Our Coast and Oceans Fund ● 424	00	
Emergency Food for Families Fund ● 407	00	Keep Arts in Schools Fund ● 425	00	
California Peace Officer Memorial Foundation Fund ● 408	00	California Senior Legislature Fund ● 427	00	
California Sea Otter Fund ● 410	00	Habitat for Humanity Fund ● 428	00	
California Cancer Research Fund ● 413	00	California Sexual Violence Victim Services Fund ● 429	00	
		State Children's Trust Fund for the Prevention of Child Abuse ● 430	00	
		Prevention of Animal Homelessness & Cruelty Fund ● 431	00	
120 Add code 401 through code 431. This is your total contribution ● 120	00			

Your name: _____ Your SSN or ITIN: _____

121 AMOUNT YOU OWE. Add 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** for more information.

125 REFUND OR NO AMOUNT DUE. Subtract line 120 from line 103. ● 125 _____ .00
Mail to:
**FRANCHISE TAX BOARD
PO BOX 942840
SACRAMENTO CA 94240-0001**

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:
_____ Checking _____ .00
_____ Savings _____ .00
● Routing number ● Type ● Account number ● 126 Direct deposit amount
The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:
_____ Checking _____ .00
_____ Savings _____ .00
● Routing number ● Type ● Account number ● 127 Direct deposit amount

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** and search for privacy notice. 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) _____
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 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 _____ ● 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 _____
() _____