

California Nonresident or Part-Year Resident Income Tax Return Short Form

2018

540NR

Check here if this is an AMENDED return.

Personal information fields: Your first name, Last name, Suffix, Your SSN or ITIN, Spouse's/RDP's first name, Last name, Suffix, Spouse's/RDP's SSN or ITIN, Additional information, PBA code, Street address, Apt. no./ste. no., PMB/private mailbox, City, State, ZIP code, Foreign country name, Foreign province/state/county, Foreign postal code.

DOB and Prior Name fields: Your DOB (mm/dd/yyyy), Spouse's/RDP's DOB (mm/dd/yyyy), Your prior name (see inst.), Spouse's/RDP's prior name (see inst.).

Filing Status section: If your California filing status is different from your federal filing status, check the box here. 1 Single, 2 Married/RDP filing jointly, 3 Head of household, 4 Qualifying widow(er).

Residency section: State of residence, Dates of California residency, State or country of domicile.

Dependent claim section: 6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here.

Blind and Exemption amount sections: 7 Personal, 8 Blind, 10 Exemption amount: Add line 7 through line 10.

Table with 3 columns: Dependent 1, Dependent 2, Dependent 3. Rows: First Name, Last Name, SSN, Dependent's relationship to you.

Exemption amount calculation: Total dependent exemptions X \$367 = \$

Total Taxable Income section: 12 Total California wages, 13 Enter federal adjusted gross income, 14 Unemployment compensation, 17 Adjusted gross income, 18 Standard deduction, 19 Subtract line 18 from line 17.

Your name: _____ Your SSN or ITIN: _____

California Taxable Income

- 31 Tax on the amount shown on line 19, see instructions. ● 31 _____ | 00
- 32 CA adjusted gross income. Add wages from line 12 and California taxable interest
(Form 1099-INT, 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
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	● 401	_____ 00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program.	● 403	_____ 00
California Breast Cancer Research Voluntary Tax Contribution Fund	● 405	_____ 00

Your name: _____ Your SSN or ITIN: _____



Contributions

	Code	Amount
California Firefighters' Memorial Fund	● 406	00
Emergency Food for Families Voluntary Tax Contribution Fund	● 407	00
California Peace Officer Memorial Foundation Fund	● 408	00
California Sea Otter Fund	● 410	00
California Cancer Research Voluntary Tax Contribution Fund	● 413	00
School Supplies for Homeless Children Fund	● 422	00
State Parks Protection Fund/Parks Pass Purchase	● 423	00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	● 424	00
Keep Arts in Schools Voluntary Tax Contribution Fund	● 425	00
State Children's Trust Fund for the Prevention of Child Abuse	● 430	00
Prevention of Animal Homelessness and Cruelty Fund	● 431	00
Revive the Salton Sea Fund	● 432	00
California Domestic Violence Victims Fund	● 433	00
Special Olympics Fund	● 434	00
Type 1 Diabetes Research Fund	● 435	00
California YMCA Youth and Government Voluntary Tax Contribution Fund	● 436	00
Habitat for Humanity Voluntary Tax Contribution Fund	● 437	00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	● 438	00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	● 439	00
Rape Backlog Kit Voluntary Tax Contribution Fund	● 440	00
Organ and Tissue Donor Registry Voluntary Tax Contribution Fund	● 441	00
National Alliance on Mental Illness California Voluntary Tax Contribution Fund	● 442	00
Schools Not Prisons Voluntary Tax Contribution Fund	● 443	00
120 Add code 401 through code 443. 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** ● 12100
Pay Online – Go to ftb.ca.gov/pay for more information.

125 REFUND OR NO AMOUNT DUE. Subtract line 120 from line 103. ● 12500
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
 Savings
● 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
 Savings
● 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/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) _____
X _____ X _____

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
