

California Nonresident or Part-Year Resident Income Tax Return 2012

Long Form

540NR C1 Side 1

Fiscal year filers only: Enter month of year end: month _____ year 2013.

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. PBA Code	
City (If you have a foreign address, see page 17)			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 2011 tax return under a different last name, write the last name only from the 2011 tax return.

● Taxpayer: _____ ● Spouse/RDP: _____

Filing Status

1 Single 4 Head of household (with qualifying person) (see page 3)

2 Married/RDP filing jointly (see page 3) 5 Qualifying widow(er) with dependent child. Enter year spouse/RDP died _____

3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here _____

If your California filing status is different from your federal filing status, check the box here ●

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here (see page 17) ● 6

► 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 checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see page 17. 7 X \$104 = \$ _____

8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 8 X \$104 = \$ _____

9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 . ● 9 X \$104 = \$ _____

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

First name	Last name	Dependent's relationship to you

Total dependent exemptions ● 10 X \$321 = \$ _____

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

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

Your name: _____ Your SSN or ITIN: _____

CA Taxable Income	31	Tax. Check the box if from: <input type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803	<input checked="" type="radio"/> 31	00
	32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 45.	<input checked="" type="radio"/> 32	00
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 49	<input checked="" type="radio"/> 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 \$169,730 (see page 19)	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 20). Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A	<input checked="" type="radio"/> 41	00
	42	Add line 40 and line 41.	<input checked="" type="radio"/> 42	00
Special Credits	50	Nonrefundable Child and Dependent Care Expenses Credit (see page 20). Attach form FTB 3506.	<input checked="" type="radio"/> 50	00
	51	Credit for joint custody head of household (see page 20)	<input checked="" type="radio"/> 51	00
	52	Credit for dependent parent (see page 20)	<input checked="" type="radio"/> 52	00
	53	Credit for senior head of household (see page 21)	<input checked="" type="radio"/> 53	00
	54	Credit percentage. Divide line 35 by line 19. If more than 1, enter 1.0000 (see page 21)	54	
	55	Credit amount (see page 21).	<input checked="" type="radio"/> 55	00
	56	New jobs credit, amount generated (see page 21)	<input checked="" type="radio"/> 56	00
	57	New jobs credit, amount claimed (see page 21)	<input checked="" type="radio"/> 57	00
	58	Enter credit name _____ code number _____ and amount. ▶	58	00
	59	Enter credit name _____ code number _____ and amount. ▶	59	00
60	To claim more than two credits (see page 21)	<input checked="" type="radio"/> 60	00	
61	Nonrefundable renter's credit (see page 61)	<input checked="" type="radio"/> 61	00	
62	Add line 50, line 55, and line 57 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)	<input checked="" type="radio"/> 71	00
	72	Mental Health Services Tax (see page 22)	<input checked="" type="radio"/> 72	00
	73	Other taxes and credit recapture (see page 22)	<input checked="" type="radio"/> 73	00
	74	Add line 63, line 71, line 72, and line 73. This is your total tax.	<input checked="" type="radio"/> 74	00
Payments	81	California income tax withheld (see page 22)	<input checked="" type="radio"/> 81	00
	82	2012 CA estimated tax and other payments (see page 22)	<input checked="" type="radio"/> 82	00
	83	Real estate and other withholding (see page 23)	<input checked="" type="radio"/> 83	00
	84	Excess SDI (or VPD) withheld. (see page 23)	<input checked="" type="radio"/> 84	00
	85	Add line 81, line 82, line 83, and line 84. These are your total payments.	85	00
Overpaid Tax/Tax Due	101	Overpaid tax. If line 85 is more than line 74, subtract line 74 from line 85	101	00
	102	Amount of line 101 you want applied to your 2013 estimated tax.	<input checked="" type="radio"/> 102	00
	103	Overpaid tax available this year. Subtract line 102 from line 101.	<input checked="" type="radio"/> 103	00
	104	Tax due. If line 85 is less than line 74, subtract line 85 from line 74.	104	00

Your name: _____ Your SSN or ITIN: _____

Contributions	Code	Amount	Code	Amount
	California Seniors Special Fund (see page 23)	● 400	00	California Sea Otter Fund
Alzheimer's Disease/Related Disorders Fund	● 401	00	Municipal Shelter Spay-Neuter Fund	● 412 00
California Fund for Senior Citizens	● 402	00	California Cancer Research Fund	● 413 00
Rare and Endangered Species Preservation Program	● 403	00	ALS/Lou Gehrig's Disease Research Fund	● 414 00
State Children's Trust Fund for the Prevention of Child Abuse	● 404	00	Child Victims of Human Trafficking Fund	● 419 00
California Breast Cancer Research Fund	● 405	00	California YMCA Youth and Government Fund	● 420 00
California Firefighters' Memorial Fund	● 406	00	California Youth Leadership Fund	● 421 00
Emergency Food for Families Fund	● 407	00	School Supplies for Homeless Children Fund	● 422 00
California Peace Officer Memorial Foundation Fund	● 408	00	State Parks Protection Fund/Parks Pass Purchase	● 423 00
120 Add code 400 through code 423. This is your total contribution				● 120 00

121 AMOUNT YOU OWE. Add line 104 and line 120 (see page 24). **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.

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 page 25). Enclose, but **do not** staple, any payment. 124 00

125 REFUND OR NO AMOUNT DUE. Subtract line 120 from line 103.
 Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ● **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 25). **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
 ● 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
 ● 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 tax 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

It is unlawful to forge a spouse's/RDP's signature.

Joint tax return? (see page 25)

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**) ● 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 25) ● Yes No

Print Third Party Designee's Name _____ Telephone Number _____