

# 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 = \$ \_\_\_\_\_

**Exemptions**

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 \$ \_\_\_\_\_

**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 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 <b>larger</b> of: Your California <b>itemized deductions</b> from Schedule CA (540NR), line 43; <b>OR</b> Your California <b>standard deduction</b> (see page 18) . . . . . ● 18	00
19 Subtract line 18 from line 17. This is your <b>total taxable income</b> . If less than zero, enter -0- . . . . . ● 19	00

Your name: \_\_\_\_\_ Your SSN or ITIN: \_\_\_\_\_

	<b>31</b>	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"/>	<b>31</b>	_____	00
	<b>32</b>	CA adjusted gross income from Schedule CA (540NR), Part IV, line 45. . . . .	<input checked="" type="radio"/>	<b>32</b>	_____	00
CA Taxable Income	<b>35</b>	CA Taxable Income from Schedule CA (540NR), Part IV, line 49 . . . . .	<input checked="" type="radio"/>	<b>35</b>	_____	00
	<b>36</b>	CA Tax Rate. Divide line 31 by line 19 . . . . .		<b>36</b>	_____	
	<b>37</b>	CA Tax Before Exemption Credits. Multiply line 35 by line 36. . . . .		<b>37</b>	_____	00
	<b>38</b>	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000.   <b>38</b> _____		<b>38</b>	_____	
	<b>39</b>	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$169,730 (see page 19) . . . . .		<b>39</b>	_____	00
	<b>40</b>	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- . . . . .		<b>40</b>	_____	00
	<b>41</b>	Tax (see page 20). Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A . . . . .	<input checked="" type="radio"/>	<b>41</b>	_____	00
	<b>42</b>	Add line 40 and line 41. . . . .	<input checked="" type="radio"/>	<b>42</b>	_____	00
Special Credits	<b>50</b>	Nonrefundable Child and Dependent Care Expenses Credit (see page 20). Attach form FTB 3506. . . . .	<input checked="" type="radio"/>	<b>50</b>	_____	00
	<b>51</b>	Credit for joint custody head of household (see page 20) . . . . .	<input checked="" type="radio"/>	<b>51</b>	_____	00
	<b>52</b>	Credit for dependent parent (see page 20) . . . . .	<input checked="" type="radio"/>	<b>52</b>	_____	00
	<b>53</b>	Credit for senior head of household (see page 21) . . . . .	<input checked="" type="radio"/>	<b>53</b>	_____	00
	<b>54</b>	Credit percentage. Divide line 35 by line 19. If more than 1, enter 1.0000 (see page 21) . . . . .		<b>54</b>	_____	
	<b>55</b>	Credit amount (see page 21). . . . .	<input checked="" type="radio"/>	<b>55</b>	_____	00
	<b>56</b>	New jobs credit, amount generated (see page 21) . . . . .	<input checked="" type="radio"/>	<b>56</b>	_____	00
	<b>57</b>	New jobs credit, amount claimed (see page 21) . . . . .	<input checked="" type="radio"/>	<b>57</b>	_____	00
	<b>58</b>	Enter credit name   _____ code number _____ and amount. ▶ <b>58</b> _____	▶	<b>58</b>	_____	00
	<b>59</b>	Enter credit name   _____ code number _____ and amount. ▶ <b>59</b> _____	▶	<b>59</b>	_____	00
<b>60</b>	To claim more than two credits (see page 21) . . . . .	<input checked="" type="radio"/>	<b>60</b>	_____	00	
<b>61</b>	Nonrefundable renter's credit (see page 61) . . . . .	<input checked="" type="radio"/>	<b>61</b>	_____	00	
<b>62</b>	Add line 50, line 55, and line 57 through 61. These are your total credits . . . . .		<b>62</b>	_____	00	
<b>63</b>	Subtract line 62 from line 42. If less than zero, enter -0- . . . . .		<b>63</b>	_____	00	
Other Taxes	<b>71</b>	Alternative minimum tax. Attach Schedule P (540NR) . . . . .	<input checked="" type="radio"/>	<b>71</b>	_____	00
	<b>72</b>	Mental Health Services Tax (see page 22) . . . . .	<input checked="" type="radio"/>	<b>72</b>	_____	00
	<b>73</b>	Other taxes and credit recapture (see page 22) . . . . .	<input checked="" type="radio"/>	<b>73</b>	_____	00
	<b>74</b>	Add line 63, line 71, line 72, and line 73. This is your total tax. . . . .	<input checked="" type="radio"/>	<b>74</b>	_____	00
Payments	<b>81</b>	California income tax withheld (see page 22) . . . . .	<input checked="" type="radio"/>	<b>81</b>	_____	00
	<b>82</b>	2012 CA estimated tax and other payments (see page 22) . . . . .	<input checked="" type="radio"/>	<b>82</b>	_____	00
	<b>83</b>	Real estate and other withholding (see page 23) . . . . .	<input checked="" type="radio"/>	<b>83</b>	_____	00
	<b>84</b>	Excess SDI (or VPD) withheld. (see page 23) . . . . .	<input checked="" type="radio"/>	<b>84</b>	_____	00
	<b>85</b>	Add line 81, line 82, line 83, and line 84. These are your total payments. . . . .		<b>85</b>	_____	00
Overpaid Tax/Tax Due	<b>101</b>	Overpaid tax. If line 85 is more than line 74, subtract line 74 from line 85 . . . . .		<b>101</b>	_____	00
	<b>102</b>	Amount of line 101 you want applied to your <b>2013</b> estimated tax. . . . .	<input checked="" type="radio"/>	<b>102</b>	_____	00
	<b>103</b>	Overpaid tax available this year. Subtract line 102 from line 101. . . . .	<input checked="" type="radio"/>	<b>103</b>	_____	00
	<b>104</b>	Tax due. If line 85 is less than line 74, subtract line 85 from line 74 . . . . .		<b>104</b>	_____	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
<b>120</b> Add code 400 through code 423. This is your total contribution				● <b>120</b> 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  
 ● Routing number ● Type ● Account number ● **126** Direct deposit amount 00

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 00

**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 \_\_\_\_\_