

California Nonresident or Part-Year Resident Income Tax Return 2011

Long Form

540NR C1 Side 1

Fiscal year filers only: Enter month of year end: month _____ year 2012.

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 15)				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 tax return.
 Taxpayer _____
 Spouse/RDP _____

Filing Status
 1 Single
 2 Married/RDP filing jointly. (see page 3)
 3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here _____
 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

6 If someone can claim you (or your spouse/RDP) as a dependent, fill in the circle here (see page 15). . . . 6

Exemptions
 ▶ 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 filled in 1, 3, or 4 above, enter 1 in the box. If you filled in 2 or 5, enter 2.
 If you filled in the circle on line 6, see page 15. 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 = \$ _____
 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. 9 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 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 16). 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 16) 18 _____ 00
 19 Subtract line 18 from line 17. This is your **total taxable income**. If less than zero, enter -0- 19 _____ 00

CA Taxable Income
 31 Tax. Fill in the circle if from: Tax Table Tax Rate Schedule FTB 3800 FTB 3803. 31 _____ 00
 32 CA adjusted gross income from Schedule CA (540NR), Part IV, line 45. . . . 32 _____ 00
 35 CA Taxable Income from Schedule CA (540NR), Part IV, line 49 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
 \$166,565 (see page 17) 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 18). Fill in the circle if from: Schedule G-1 FTB 5870A. 41 _____ 00
 42 Add line 40 and line 41. 42 _____ 00

Your name: _____ Your SSN or ITIN: _____

	49 Enter the amount from Side 1, line 42	49	00
	50 Nonrefundable Child and Dependent Care Expenses Credit (see page 18). Attach form FTB 3506. ●	50	00
	51 Credit for joint custody head of household (see page 18) ●	51	00
	52 Credit for dependent parent (see page 18) ●	52	00
	53 Credit for senior head of household (see page 19) ●	53	00
	54 Credit percentage. Divide line 35 by line 19. If more than 1, enter 1.0000 (see page 19)	54	
	55 Credit amount (see page 19). ●	55	00
Special Credits	56 New jobs credit, amount generated (see page 19) ●	56	00
	57 New jobs credit, amount claimed (see page 19) ●	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 19) ●	60	00
	61 Nonrefundable renter's credit (see page 57). ●	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 49. If less than zero, enter -0-	63	00	
Other Taxes	71 Alternative minimum tax. Attach Schedule P (540NR) ●	71	00
	72 Mental Health Services Tax (see page 20) ●	72	00
	73 Other taxes and credit recapture (see page 20) ●	73	00
	74 Add line 63, line 71, line 72, and line 73. This is your total tax. ●	74	00
Payments	81 California income tax withheld (see page 20) ●	81	00
	82 2011 CA estimated tax and other payments (see page 20) ●	82	00
	83 Real estate and other withholding (see page 20) ●	83	00
	84 Excess SDI (or VPDI) withheld. (see page 21) ●	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 2012 estimated tax. ●	102	00
	103 Overpaid tax available this year. Subtract line 102 from line 101. ●	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 21)	● 400	00	California Sea Otter Fund	● 410	00
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	Arts Council Fund	● 415	00
California Breast Cancer Research Fund	● 405	00	California Police Activities League (CALPAL) Fund	● 416	00
California Firefighters' Memorial Fund	● 406	00	California Veterans Homes Fund	● 417	00
Emergency Food for Families Fund	● 407	00	Safely Surrendered Baby Fund	● 418	00
California Peace Officer Memorial Foundation Fund	● 408	00	Child Victims of Human Trafficking Fund	● 419	00
120 Add code 400 through code 419. This is your total contribution	● 120	00			

121 AMOUNT YOU OWE. Add line 104 and line 120 (see page 21). **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**.

122 Interest, late return penalties, and late payment penalties. 122 00
123 Underpayment of estimated tax. Fill in the circle: FTB 5805 attached FTB 5805F attached ● 123 00
124 Total amount due (see page 23). 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 94240-0002** ● 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 23). **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 23)

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 23) ● Yes No

Print Third Party Designee's Name _____ Telephone Number _____