

2016

California Nonresident or Part-Year Resident Income Tax Return

Short Form

540NR

Personal information section including name, address, and SSN/ITIN fields.

Date of Birth section for taxpayer and spouse/RDP.

Prior Name section for those who changed names.

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

Residency section for determining California residency.

Dependent claim section (line 6).

Instruction for lines 7, 8, and 10 regarding dollar amounts.

Line 7 Personal: Instructions for entering filing status.

Line 8 Blind: Instructions for entering blindness status.

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

Table for dependent exemptions with columns for Dependent 1, 2, and 3, and rows for First Name, Last Name, SSN, and relationship.

Total dependent exemptions calculation (line 10).

Line 11 Exemption amount: Add line 7 through line 10.

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

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, 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	State Parks Protection Fund/Parks Pass Purchase	● 423
Rare and Endangered Species Preservation Program	● 403	00	Protect Our Coast and Oceans Fund	● 424	00
California Breast Cancer Research Fund	● 405	00	Keep Arts in Schools Fund	● 425	00
California Firefighters' Memorial Fund	● 406	00	State Children's Trust Fund for the Prevention of Child Abuse	● 430	00
Emergency Food for Families Fund	● 407	00	Prevention of Animal Homelessness and Cruelty Fund	● 431	00
California Peace Officer Memorial Foundation Fund	● 408	00	Revive the Salton Sea Fund	● 432	00
California Sea Otter Fund	● 410	00	California Domestic Violence Victims Fund	● 433	00
California Cancer Research Fund	● 413	00	Special Olympics Fund	● 434	00
Child Victims of Human Trafficking Fund	● 419	00	Type 1 Diabetes Research Fund	● 435	00
School Supplies for Homeless Children Fund	● 422	00			
120 Add code 401 through code 435. 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. 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 ● 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