2018

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

FU	HIVI	

540NR

	eck here if this is an AME	NDED re	turn.					
Your first	t name	Initial	Last name		Suffix	Your SSN	or ITIN	A
If joint tax return, spouse's/RDP's first name Initial Last name				Suffix	Spouse's/	BDP's SSN or ITIN	R	
	al information (See instructions)						PBA code	RP
Street ac	ddress (number and street) or Po	O box				Apt. no./ste. no.	PMB/private mailb	ox
City (If y	rou have a foreign address, see i	nstructions)				State ZIP cod	e	
	country name			Foreign province/state/co	nuntv		Foreign postal code	
Toreign	country name			Toreign province/state/ct	burity		oreign postal code	
Date of Birth	Your DOB (mm/dd/yyyy)		/	Spouse's/RDP's DOB	(mm/dd/yyyy)			
Prior Name	Your prior name (see inst.)			• Spouse	's/RDP's prior name ((see inst.)		
Status 1	If your California filing statu	s is differer						
teg 1			4 _		with qualifying perso	n). See instruction	ons.	
Buille 2	Married/RDP filing join	tly. See inst	. 5 _	, ,				
<u>×</u>				Enter year spouse/R				
Residency	State of residence: Your			Spouse/RDP_				
Sid	Dates of California residency: Yourself fromtototototo							
	State or country of dom				/RDP			
	If someone can claim you (
	For line 7, line 8, and line 10: N	fultiply the a	amount vou enter i	a the how by the are arin		that lina	Whala d.	
							whole at	ollars only
	Personal: If you checked bo	x 1 or 4 abo	ove, enter 1 in the	box. If you checked box	c 2 or 5, enter 2 in the	box		•
7	Personal: If you checked bo	x 1 or 4 abo	ove, enter 1 in the structions	box. If you checked box	x 2 or 5, enter 2 in the	box. 7	18 = • \$	
7	Personal: If you checked bo.If you checked the box on lingBlind: If you (or your spouse,	x 1 or 4 abo le 6, see ins (RDP) are vi	ove, enter 1 in the structions isually impaired, en	box. If you checked box	x 2 or 5, enter 2 in the	box. 7	18 = • \$	
7 8 10	Personal: If you checked bo	x 1 or 4 abo le 6, see ins (RDP) are vi	ove, enter 1 in the structionsisually impaired, er r your spouse/RD	box. If you checked box nter 1; if both are visually P.	x 2 or 5, enter 2 in the	box. 7	18 = • \$ 18 = • \$	
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	You	r name:	Your SSN or ITIN:		
	31	Tax on the amount	it shown on line 19, see instructions	● 31	00
	32		s income. Add wages from line 12 and California taxable interest box 1). Military servicemembers see line 14 instructions	00	
Э	33	CA Standard Dedu	uction Percentage. Divide line 32 by line 17. If more than 1, enter 1.0000	• 33	
Income	34	CA Prorated Stanc	dard Deduction. Multiply line 18 by line 33	• 34	00
axable	35	CA Taxable Incom	ne. Subtract line 34 from line 32. If less than zero, enter -0	• 35	00
fornia Ta	36	CA Tax Rate. Divid	de line 31 by line 19	• 36	
Califo	37	CA Tax Before Exe	emption Credits. Multiply line 35 by line 36.	💿 37	00
	38	CA Exemption Cre	edit Percentage. Divide line 35 by line 19. If more than 1, enter 1,0000		
	39	CA Prorated Exem	nption Credits. Multiply line 11 by line 38	💿 39	00
	42	CA Regular Tax Be	efore Credits. Subtract line 39 from line 37. If less than zero, enter -0	42	00
Credit	61	Nonrefundable rer	nter's credit. See instructions	• 61	00
Nonreful Renter's	74	Total tax. Subtract	t line 61 from line 42. If less than zero, enter -0-	• 74	00
	81	California income	tax withheld (Form(s) W-2, box 17).	● 81	00
ayments			ax Credit (EITC)		
Pay	86	Total payments. A	add line 81 and line 85	• 86	00
Tax Je					
Overpaid Tax or Tax	103	Overpaid tax. If li	ine 86 is larger than line 74, subtract line 74 from line 86	• 103	00
Over	104	Tax due. If line 86	6 is less than line 74, subtract line 86 from line 74	• 104	00
S				Code Amount	
ution		Alzheimer's [Disease and Related Dementia Voluntary Tax Contribution Fund	401	00
Contributions		Rare and Enc	dangered Species Preservation Voluntary Tax Contribution Program	403	00
ŭ		California Bre	east Cancer Research Voluntary Tax Contribution Fund	405	00

Your name:	Your SSN or	IN:	

	<u>Code</u>	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	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		00

You	ur name: _		Your SSN or ITI	N:		
Amount You Owe	Mail to: I	YOU OWE. Add line 104 and line RANCHISE TAX BOARD, PO BOX ne – Go to ftb.ca.gov/pay for mo	(942867, SACRAMENTO CA 9		● 121	<u> </u>
125	5 REFUND Mail to:	OR NO AMOUNT DUE. Subtract	line 120 from line 103		● 125	<u> </u>
Refund and Direct Deposit Ha Line Line Line Line Line Line Line Line	FRANCH PO BOX	ISE TAX BOARD 942840 IENTO CA 94240-0001				
Fill Ha	ve you ver	mation to authorize direct depos fied the routing and account nur	nbers? Use whole dollars only			osit slip. See instructions
dand dand		wing amount of my refund (line : Checking Savings	,			00
j ol	Routing nu	· ·	Account number		● 126 Dir	rect deposit amount
	•	amount of my refund (line 125) Checking Savings	is authorized for direct deposi	t into the account shown belo		
	Routing nu	•	• Account number		127 Dir	rect deposit amount
Your sign	dge and be	perjury, I declare that I have e lief, it is true, correct, and com				and to the best of my x return, both must sign)
<u>X</u>				X		
Sign	1	Your email address. Enter on	ly one email address.		Preferred phone	number
Hero It is unlaw	•	Paid preparer's signature (declar	ration of preparer is based on	Ill information of which prepa	arer has any knowledg	e)
forge a spouse's/F signature. Joint tax r	re.		ployed)		● PTIN	
(See instr	ructions)	Firm's address	X		● FEIN	
	1	Do you want to allow anothe	r pareau to discuss this tay re	aturn with us? Soo instruction	ons• Yes	No
		Print Third Party Designee's		otani witii us: Occ iiisti uctii	Telephone Num	
					()	