

# California Resident Income Tax Return 2008

## 540 2EZ C1 Side 1

<b>Name and Address</b>	Your first name	Initial	Last name	P
	If joint return, spouse's/RDP's first name	Initial	Last name	
Address (including number and street, PO Box, or PMB no.)				AC
City				A
State		ZIP Code		R
<b>SSN or ITIN</b>	Your SSN or ITIN	Spouse's/RDP's SSN or ITIN		RP
	<b>IMPORTANT:</b> Your SSN or ITIN is required.			

**Prior Name** If you filed your 2007 tax return under a different last name, write the last name only from the 2007 tax return.  
 Taxpayer \_\_\_\_\_  Spouse/RDP \_\_\_\_\_

**Filing Status** **Filing Status.** Fill in the circle for your filing status. See instructions, page 6.  
 Fill in only one.  
 1  Single  
 2  Married/RDP filing jointly (even if only one spouse/RDP had income)  
 4  Head of household. STOP! See instructions, page 6.  
 5  Qualifying widow(er) with dependent child. Year spouse/RDP died \_\_\_\_\_ .  
 If your California filing status is different from your federal filing status, fill in the circle here . . . . .

**Exemptions** 6 If another person can claim you (or your spouse/RDP) as a dependent on his or her tax return, even if he or she chooses not to, you **must** see the instructions, page 6 . . . . .  **6**  
 7 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 . . . . .  **7**  
**Dependent Exemptions** 8 Number of dependents. Enter name and relationship (**Do not include yourself or your spouse/RDP**). . . . .  **8**

		Whole dollars only	
<b>Taxable Income and Credits</b>	9 Total wages (federal Form W-2, box 16 or CA Sch W-2, line 3). See instructions, page 7 . . . . .	9	0.00
	10 Total interest income (Form 1099-INT, box 1). See instructions, page 7 . . . . .	10	0.00
	11 Total dividend income (Form 1099-DIV, box 1a). See instructions, page 7 . . . . .	11	0.00
	12 Total pension income _____ See instructions, page 7. Taxable amount. . . . .	12	0.00
	13 Total capital gains distributions from mutual funds (Form 1099-DIV, box 2a). See instructions, page 7 . . . . .	13	0.00
	14 Unemployment compensation . . . . .	14	0.00
	15 U.S. social security or railroad retirement benefits . . . . .	15	0.00
	16 Add line 9, line 10, line 11, line 12, and line 13. <b>Do not include line 14 and line 15.</b> . . . . .	16	0.00
	17 Using the 2EZ Table for your filing status, enter the tax for the amount on line 16. <b>Caution:</b> If you filled in the circle on line 6, <b>STOP</b> . See instructions, page 7, Dependent Tax Worksheet. . . . .	17	0.00
	18 Senior exemption: See instructions, page 7. If you are 65 and entered 1 in the box on line 7, enter \$99. If you entered 2 in the box on line 7, enter \$198. . . . .	18	0.00
	19 Nonrefundable renter's credit. See instructions, page 7 . . . . .	19	0.00
	20 <b>Credits.</b> Add line 18 and line 19 . . . . .	20	0.00
	21 <b>Tax.</b> Subtract line 20 from line 17. If zero or less, enter -0- . . . . .	21	0.00
	22 Total tax withheld (federal Form W-2, box 17 or CA Sch W-2, box 17 and/or Form 1099-R, box 10) . . . . .	22	0.00
23 Overpaid tax. If line 22 is more than line 21, subtract line 21 from line 22. . . . .	23	0.00	
24 Tax due. If line 22 is less than line 21, subtract line 22 from line 21. See instructions, page 8 . . . . .	24	0.00	

Enclose, but do not staple, any payment.

Attach a copy of your Form(s) W-2 or complete CA Sch W-2

**Overpaid Tax/ Tax Due.**

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

**Use Tax**

**25** Use tax. **This is not a total line.**

See instructions, page 8 . . . . . ● **25** \_\_\_\_\_ **0.0**

**Voluntary Contributions**

	Code	Amount
California Seniors Special Fund. See instructions, page 11 . . . . .	▶ <b>400</b>	00
Alzheimer's Disease/Related Disorders Fund . . . . .	▶ <b>401</b>	00
California Fund for Senior Citizens . . . . .	▶ <b>402</b>	00
Rare and Endangered Species Preservation Program . . . . .	▶ <b>403</b>	00
State Children's Trust Fund for the Prevention of Child Abuse . . . . .	▶ <b>404</b>	00
California Breast Cancer Research Fund . . . . .	▶ <b>405</b>	00
California Firefighters' Memorial Fund . . . . .	▶ <b>406</b>	00
Emergency Food for Families Fund . . . . .	▶ <b>407</b>	00
California Peace Officer Memorial Foundation Fund . . . . .	▶ <b>408</b>	00
California Military Family Relief Fund . . . . .	▶ <b>409</b>	00
California Sea Otter Fund . . . . .	▶ <b>410</b>	00
California Ovarian Cancer Research Fund . . . . .	▶ <b>411</b>	00
Municipal Shelter Spay-Neuter Fund . . . . .	▶ <b>412</b>	00
California Cancer Research Fund . . . . .	▶ <b>413</b>	00
ALS/Lou Gehrig's Disease Research Fund . . . . .	▶ <b>414</b>	00

**26** Add amounts in code 400 through code 414. These are your total contributions . ● **26** \_\_\_\_\_ **0.0**

**Amount You Owe**

**27 AMOUNT YOU OWE.** Add line 24, line 25, and line 26. If line 23 is less than line 25 and line 26, enter the difference here. See instructions, page 9 (**Do Not Send Cash**). Mail to:

**FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** . . . . . ● **27** \_\_\_\_\_ **0.0**

Pay Online – Go to our website at **ftb.ca.gov** and search for **web pay**.

**Direct Deposit (Refund Only)**

**28 REFUND OR NO AMOUNT DUE.** Subtract line 25 and line 26 from line 23. See instructions, page 10. Mail to: **FRANCHISE TAX BOARD, PO BOX 942840,**

**SACRAMENTO CA 94240-0002** . . . . . ● **28** \_\_\_\_\_ **0.0**

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. Have you verified the routing and account numbers? **Use whole dollars only.**

All or the following amount of my refund (line 28) is authorized for direct deposit into the account shown below:

Checking  
 Savings

● Routing number      ● Type      ● Account number      ● **29** Direct Deposit Amount \_\_\_\_\_ **0.0**

The remaining amount of my refund (line 28) is authorized for direct deposit into the account shown below:

Checking  
 Savings

● Routing number      ● Type      ● Account number      ● **30** Direct Deposit Amount \_\_\_\_\_ **0.0**

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the information on this return is true, correct, and complete.

**Sign Here**

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

Your signature \_\_\_\_\_ Spouse's/RDP's signature (if filing jointly, both must sign) \_\_\_\_\_ Daytime phone number (optional) \_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_ Date \_\_\_\_\_

Joint return? See instructions, page 10.

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) \_\_\_\_\_ Paid Preparer's SSN/PTIN \_\_\_\_\_

Firm's name (or yours if self-employed) \_\_\_\_\_ FEIN \_\_\_\_\_

Firm's address \_\_\_\_\_

Do you want to allow another person to discuss this return with us (see page 10) . . . . . ●  Yes  No

Print Third Party Designee's name \_\_\_\_\_ Telephone Number \_\_\_\_\_