Californ	ia F	Resident Income Tax Return 2009		540	2EZ C1 Si	de 1							
Your first name		Initial Last name	Your SSN or ITI	N		Р							
If joint return, spou	se's/RD	r's first name Initial Last name	Spouse's/RDP's	SSN or ITIN	1	AC							
Address (number a	nd stree	t, PO Box, or PMB no.)	Apt. no./Ste. no.			A							
		,, -				R							
City			State ZIP Co	ode	-	RP							
Namo	-	r 2008 tax return under a different last name, write the last name only from ■ Spouse/RDP											
Filing Status	Filir	g Status. Fill in the circle for your filing status. See instructions, page	ge 6.			•							
Fill in only one.	1	I O Single											
	2	Married/RDP filing jointly (even if only one spouse/RDP had income)											
		Head of household. STOP! See instructions, page 6.											
		Qualifying widow(er) with dependent child. Year spouse/RDP of		L	- 0								
	II yo	ur California filing status is different from your federal filing status,	iii in the circle i	nere	• •)							
Exemptions	6	If another person can claim you (or your spouse/RDP) as a depend			*								
		even if he or she chooses not to, you must see the instructions, page 6 • 6 \bigcirc											
	7	Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both	n are 65 or olde	r, enter 2	•	7 🗌							
Dependent Exemptions	8	Number of dependents. Enter name and relationship (Do not include	de yourself or y	our spous	e/RDP) ●	8 🗌							
Exemptions													
Taxable Income and Credits	9	Total wages (federal Form W-2, box 16). See instructions, page 6	•		le dollars only								
	10	Total interest income (Form 1099-INT, box 1). See instructions, page	ge 7 ●	10		00							
	11	Total dividend income (Form 1099-DIV, box 1a). See instructions, µ	page 7 ●	11		00							
		Total pension income See instructions, page 7. Taxal		12		0_0							
	13	Total capital gains distributions from mutual funds (Form 1099-DI)		10		0.0							
	4.4	See instructions, page 7		13	+ +								
Enclose, but do not staple, any payment.		Unemployment compensation											
		U.S. social security or railroad retirement benefits . 15 ——————————————————————————————————											
		line 14 and line 15	•	16		00							
Attach a copy of your Form(s) W-2.	17	Using the 2EZ Table for your filing status, enter the tax for the amo		17	- 	0_0							
		Caution: If you filled in the circle on line 6, STOP . See instructions, Dependent Tax Worksheet.	, page 7,										
	18	Senior exemption: See instructions, page 7. If you are 65 and enter				0.0							
		box on line 7, enter \$98. If you entered 2 in the box on line 7, enter		18		_							
		Nonrefundable renter's credit. See instructions, page 7		19	<u> </u>								
		Credits. Add line 18 and line 19		20									
	21	$\textbf{Tax.} \ \ \text{Subtract line 20 from line 17. If zero or less, enter -0}$	•	21	+	0_0							

Your name:				Υοι	ır SSN or ITIN:		_				
Overpaid Tax/ Tax Due.		Ia Enter the amount from Side 1, line 21									
	00										
	23	-				ract line 21a from line 22	● 23				
	24	Tax due. If line 22 is less than line 21a, subtract line 22 from line 21a. See instructions, page 7									
		See III	Structions, page	<i>t</i> /							
Use Tax		25	Use tax. This i	s not a total	line. See instru	ictions, page 7 . • 25	0.0				
Voluntary	Con	tributi	ons	Code	Amount		Code	Amount			
CA Seniors	Speci	al Fund	. See page 11		00	CA Peace Officer Memorial Foun		00			
			ed Disorders Fun		00	CA Military Family Relief Fund.		00			
			ens	. • 402	00	CA Sea Otter Fund		00			
Rare and Er Preservati	idang ion Pr	erea Sp roaram .	ecies	. • 403	00	CA Ovarian Cancer Research F		00			
State Childre	en's T	rust Fun	nd for the		00	Municipal Shelter Spay-Neuter I CA Cancer Research Fund		00			
Prevention	n of C	hild Abu	ıse		00	ALS/Lou Gehrig's Disease Rese		00			
			rch Fund Fund		00	7120/200 definige blooded frees		100			
			nilies Fund		00						
	26	Add am	ounts in code 4	00 through o	ode 414. These	are your total contributions	●26	0.0			
Amount	27	AMOUN	IT YOU OWE. A	dd line 24. lir	ne 25. and line 2	26. If line 23 is less than line 25	and				
You Owe						page 9 (Do Not Send Cash). Ma					
						MENTO CA 94267-0001		000			
D'			ine – Go to ftb.				,				
Direct Deposit		-		•	-						
(Refund	28 REFUND OR NO AMOUNT DUE. Subtract line 25 and line 26 from line 23. See										
Only)		instructions, page 10. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002									
							,				
		I in the information to authorize direct deposit of your refund into one or two accounts.									
		not attach a voided check or a deposit slip. Have you verified the routing and									
		count numbers? Use whole dollars only.									
			•	of my refund	d (line 28) is au	thorized for direct deposit into th	ne				
	acco	count shown below:									
	1 1		1 1 1 1 1	☐ Checking ☐ Savings	1 1 1 1 1			000			
	• Ro	outing nu		☐ Savings ■ Type	 Account numb 	per		eposit amount			
		•		, ,		zed for direct deposit into the					
	acco	ount sho	own below:	ily relatia (iiii	6 20) 13 auti1011	zed for direct deposit into the					
				\square Checking				0.0			
	Ļ			□ Savings			,	00			
		outing nu		● Type	• Account numb			eposit amount			
	ities c	Your sign	-	to the best of		and belief, the information on this a	Daytime phone number (opti				
Sign Here		rour sigi	nature		Spouse s/nur s si	gnature (ii ming jointly, both must sign)	(opti				
It is unlawful to forge a		V			Χ		<u> </u>				
spouse's/RDP's	S	X Paid pro	narar's signatura (decl	aration of preparer		nation of which preparer has any knowledge)	Paid Preparer's SSN/	 PTINI			
signature.		i did proj	parer 3 Signature (deer	aration of proparor	is based on an inform	ation of which proparer has any knowledge,	Tala Freparer 3 colv	1111			
Joint return?		Firm's na	ame (or yours if self-ei	mployed)			● FEIN	1 1 1			
See instruction page 10.	is,	1111110111	and (or yours it con or	mployou)			_				
9 - 1 - 1		Firm's ac	Idress					1 1 1 1			
		Do you	ı want to allow an	other person to	o discuss this ret	urn with us (see page 10)?	…● ∐ Yes ☐ No				
)				
		Print T	hird Party Design	ee's Name		Tel	ephone Number				