

# California Resident Income Tax Return 2010

## 540 2EZ C1 Side 1

Your first name	Initial	Last name	Your SSN or ITIN	P AC A R RP
If joint 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.	
City			State	ZIP Code

**Date of Birth**

Taxpayer (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_
  Spouse/RDP (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

**Prior Name** If you filed your 2009 tax return under a different last name, write the last name only from the 2009 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**

**Taxable Income and Credits**

**Whole dollars only**

9 Total wages (federal Form W-2, box 16). See instructions, page 7 .....  **9** \_\_\_\_\_ 0.0  
 10 Total interest income (Form 1099-INT, box 1). See instructions, page 7 .....  **10** \_\_\_\_\_ 0.0  
 11 Total dividend income (Form 1099-DIV, box 1a). See instructions, page 7. . . .  **11** \_\_\_\_\_ 0.0  
 12 Total pension income \_\_\_\_\_ See instructions, page 7. Taxable amount.  **12** \_\_\_\_\_ 0.0  
 13 Total capital gains distributions from mutual funds (Form 1099-DIV, box 2a). See instructions, page 7 .....  **13** \_\_\_\_\_ 0.0  
 14 Unemployment compensation .....  **14** \_\_\_\_\_ 0.0  
 15 U.S. social security or railroad retirement benefits .  **15** \_\_\_\_\_ 0.0  
 16 Add line 9, line 10, line 11, line 12, and line 13. **Do not include line 14 and line 15.** .....  **16** \_\_\_\_\_ 0.0  
 17 Using the 2EZ Table for your filing status, enter the tax for the amount on line 16. **Caution:** If you filled in the circle on line 6, **STOP**. See instructions, page 7, Dependent Tax Worksheet.  **17** \_\_\_\_\_ 0.0  
 18 Senior exemption: See instructions, page 8. 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** \_\_\_\_\_ 0.0  
 19 Nonrefundable renter's credit. See instructions, page 8 .....  **19** \_\_\_\_\_ 0.0  
 20 **Credits.** Add line 18 and line 19. . . .  **20** \_\_\_\_\_ 0.0  
 21 **Tax.** Subtract line 20 from line 17. If zero or less, enter -0- . . . .  **21** \_\_\_\_\_ 0.0

Enclose, but do not staple, any payment.

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

<b>Overpaid Tax/ Tax Due</b>	<b>21a</b> Enter the amount from Side 1, line 21 .....	<b>21a</b> _____	<b>0.0</b>
	<b>22</b> Total tax withheld (federal Form W-2, box 17 or Form 1099-R, box 10) .....	<b>22</b> _____	<b>0.0</b>
	<b>23</b> Overpaid tax. If line 22 is more than line 21a, subtract line 21a from line 22 .....	<b>23</b> _____	<b>0.0</b>
	<b>24</b> Tax due. If line 22 is less than line 21a, subtract line 22 from line 21a. See instructions, page 8 .....	<b>24</b> _____	<b>0.0</b>

**Use Tax** **25** Use tax. **This is not a total line.** See instructions, page 8 . ● **25** \_\_\_\_\_ **0.0**

**Voluntary Contributions**

	Code	Amount		Code	Amount
CA Seniors Special Fund. See page 11 . . . . .	● 400	_____00	CA Peace Officer Memorial Foundation Fund	● 408	_____00
Alzheimer's Disease/Related Disorders Fund	● 401	_____00	CA Sea Otter Fund . . . . .	● 410	_____00
CA Fund for Senior Citizens . . . . .	● 402	_____00	CA Cancer Research Fund . . . . .	● 413	_____00
Rare and Endangered Species Preservation Program . . . . .	● 403	_____00	Arts Council Fund. . . . .	● 415	_____00
State Children's Trust Fund for the Prevention of Child Abuse. . . . .	● 404	_____00	CA Police Activities League (CALPAL) Fund	● 416	_____00
CA Breast Cancer Research Fund . . . . .	● 405	_____00	CA Veterans Homes Fund . . . . .	● 417	_____00
CA Firefighters' Memorial Fund . . . . .	● 406	_____00	Safely Surrendered Baby Fund . . . . .	● 418	_____00
Emergency Food For Families Fund. . . . .	● 407	_____00			

**26** Add amounts in code 400 through code 418. 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 [ftb.ca.gov](http://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 9. 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:

<input type="checkbox"/> Checking	_____	<input type="checkbox"/> Savings	_____	_____	<b>0.0</b>
● Routing number	● Type	● Account number			● <b>29</b> Direct deposit amount

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

<input type="checkbox"/> Checking	_____	<input type="checkbox"/> Savings	_____	_____	<b>0.0</b>
● Routing number	● Type	● Account number			● <b>30</b> Direct deposit amount

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** Your signature \_\_\_\_\_ Spouse's/RDP's signature (if filing jointly, both must sign) \_\_\_\_\_ Daytime phone number (optional) \_\_\_\_\_  
 It is unlawful to forge a spouse's/RDP's signature. 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)	● Paid Preparer's PTIN/SSN
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