

California Resident Income Tax Return 2011

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 2010 tax return under a different last name, write the last name only from the 2010 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 7. If you are 65 and entered 1 in the box on line 7, enter \$102. If you entered 2 in the box on line 7, enter \$204. . . . **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: _____

Overpaid Tax/ Tax Due

21a Enter the amount from Side 1, line 21 **21a** _____ 0.0

22 Total tax withheld (federal Form W-2, box 17 or Form 1099-R, box 10) ● **22** _____ 0.0

23 Overpaid tax. If line 22 is more than line 21a, subtract line 21a from line 22 ● **23** _____ 0.0

24 Tax due. If line 22 is less than line 21a, subtract line 22 from line 21a. See instructions, page 8 **24** _____ 0.0

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	Municipal Shelter Spay-Neuter Fund ● 412	_____ 00
Rare and Endangered Species Preservation Program	● 403	_____	00	CA Cancer Research Fund ● 413	_____ 00
State Children's Trust Fund for the Prevention of Child Abuse	● 404	_____	00	ALS/Lou Gehrig's Disease Research Fund ● 414	_____ 00
CA Breast Cancer Research Fund	● 405	_____	00	Arts Council Fund ● 415	_____ 00
CA Firefighters' Memorial Fund	● 406	_____	00	CA Police Activities League (CALPAL) Fund ● 416	_____ 00
Emergency Food For Families Fund	● 407	_____	00	CA Veterans Homes Fund ● 417	_____ 00
				Safely Surrendered Baby Fund ● 418	_____ 00
				Child Victims of Human Trafficking Fund . . ● 419	_____ 00

26 Add amounts in code 400 through code 419. 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 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:

Checking Savings _____ 0.0

● Routing number ● Type ● Account number ● **29** Direct deposit amount

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

Checking Savings _____ 0.0

● Routing number ● Type ● Account number ● **30** 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. _____

Joint return? See instructions, page 10. Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) ● 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 _____