

California Resident Income Tax Return 2013

540 2EZ C1 Side 1

Your first name	Initial	Last name	Your SSN or ITIN	<input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> RP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
If joint tax return, spouse's/RDP's first name	Initial	Last name	Spouse's/RDP's SSN or ITIN	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Additional information (See instructions)				
<input type="text"/>				
Street address (Number and street or PO Box)		Apt. no/Ste. no.	PMB/Private Mailbox	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
City (If you have a foreign address, see page 6.)		State	ZIP Code	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Foreign Country Name	Foreign Province/County		Foreign Postal Code	
<input type="text"/>	<input type="text"/>		<input type="text"/>	

Date of Birth

Your DOB (mm/dd/yyyy)
 Spouse's/RDP's DOB (mm/dd/yyyy)

Prior Name

If you filed your 2012 tax return under a different last name, write the last name only from the 2012 tax return.

Taxpayer
 Spouse/RDP

Filing Status **Filing Status.** Check the box for your filing status. See instructions, page 6.

Check 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, check the box 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**
 8 **Dependents: (Do not include yourself or your spouse/RDP)** Enter number of dependents here. **8**

First name	Last name	Dependent's relationship to you
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Your name:

Your SSN or ITIN:

**Taxable
Income and
Credits**

Whole dollars only

- 9 Total wages (federal Form W-2, box 16).
See instructions, page 7 ● 9 .00
- 10 Total interest income (Form 1099-INT, box 1). See instructions, page 7 ● 10 .00
- 11 Total dividend income (Form 1099-DIV, box 1a). See instructions, page 7..... ● 11 .00
- 12 Total pension income . See instructions, page 7. Taxable amount. . ● 12 .00
- 13 Total capital gains distributions from mutual funds (Form 1099-DIV, box 2a).
See instructions, page 7..... ● 13 .00
- 14 Unemployment compensation ● 14 .00
- 15 U.S. social security or railroad retirement benefits.. ● 15 .00
- 16 Add line 9, line 10, line 11, line 12, and line 13. **Do not include
line 14 and line 15.** ● 16 .00
- 17 Using the 2EZ Table for your filing status, enter the tax for the amount on line 16. ● 17 .00
Caution: If you check the box on line 6, **STOP**. See instructions, page 8,
Dependent Tax Worksheet.
- 18 Senior exemption: See instructions, page 8. If you are 65 and entered 1 in the
box on line 7, enter \$106. If you entered 2 in the box on line 7, enter \$212. ... ● 18 .00
- 19 Nonrefundable renter's credit. See instructions, page 8 ● 19 .00
- 20 **Credits.** Add line 18 and line 19. 20 .00
- 21 **Tax.** Subtract line 20 from line 17. If zero or less, enter -0-..... ● 21 .00
- 22 Total tax withheld (federal Form W-2, box 17
or Form 1099-R, box 12) ● 22 .00
- 23 Overpaid tax. If line 22 is more than line 21, subtract line 21 from line 22..... ● 23 .00
- 24 Tax due. If line 22 is less than line 21, subtract line 22 from line 21.
See instructions, page 8. ● 24 .00

Enclose, but do
not staple, any
payment.

**Overpaid
Tax/
Tax Due.**

This space reserved for 2D barcode

Your name:

Your SSN or ITIN:

Use Tax 25 Use tax. **This is not a total line.** See instructions, page 8 . ● 25 .00

Voluntary Contributions

	<u>Code</u>	<u>Amount</u>
California Seniors Special Fund (see page 13)	● 400	<input type="text"/> .00
Alzheimer's Disease/Related Disorders Fund.	● 401	<input type="text"/> .00
California Fund for Senior Citizens	● 402	<input type="text"/> .00
Rare and Endangered Species Preservation Program	● 403	<input type="text"/> .00
State Children's Trust Fund for the Prevention of Child Abuse.	● 404	<input type="text"/> .00
California Breast Cancer Research Fund	● 405	<input type="text"/> .00
California Firefighters' Memorial Fund.	● 406	<input type="text"/> .00
Emergency Food for Families Fund	● 407	<input type="text"/> .00
California Peace Officer Memorial Foundation Fund	● 408	<input type="text"/> .00
California Sea Otter Fund.	● 410	<input type="text"/> .00
Municipal Shelter Spay-Neuter Fund	● 412	<input type="text"/> .00
California Cancer Research Fund.	● 413	<input type="text"/> .00
Child Victims of Human Trafficking Fund.	● 419	<input type="text"/> .00
California YMCA Youth and Government Fund	● 420	<input type="text"/> .00
California Youth Leadership Fund	● 421	<input type="text"/> .00
School Supplies for Homeless Children Fund	● 422	<input type="text"/> .00
State Parks Protection Fund/Parks Pass Purchase	● 423	<input type="text"/> .00
Protect Our Coast and Oceans Fund	● 424	<input type="text"/> .00
Keep Arts in School Fund	● 425	<input type="text"/> .00
American Red Cross, California Chapters Fund	● 426	<input type="text"/> .00
26 Add amounts in code 400 through code 426. These are your total contributions.	● 26	<input type="text"/> .00

Your name:

Your SSN or ITIN:

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 10 (**Do Not Send Cash**). Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ●27

.00

Pay online – Go to **ftb.ca.gov** for more information.

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 94240-0001** ●28

.00

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:

● Type

● Routing number Checking Savings Account number ● 29 Direct deposit amount .00

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

● Type

● Routing number Checking Savings Account number ● 30 Direct deposit amount .00

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.

Your signature X

Date

Spouse's/RDP's signature (if a joint tax return, both must sign) X

Sign Here

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

Joint tax return? (see page 11)

Your email address (optional). Enter only one email address.

Daytime phone number (optional)

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

Firm's name (or yours, if self-employed)

● PTIN

Firm's address

● FEIN

Do you want to allow another person to discuss this tax return with us? (see page 11) ● Yes No

Print Third Party Designee's Name

Telephone Number