TAXABLE YEAR

CALIFORNIA FORM

## 2015 Head of Household Filing Status Schedule

3532

Atta	ach to your California Form 540, Long or Short Form 540NR, o	or Form 540 2EZ.					
Name(s) as shown on tax return				SSN or ITIN			
Pai	rt I – Marital Status						
Check one box below to identify your marital status. See instructions.							
	a Not legally married/RDP during 2015				• 1a		
	<b>b</b> Widow/widower (my spouse/RDP died before 01/01/2015	5)			• 1b		
	c Marriage/RDP was annulled				• 1c		
	Received final decree of divorce, legal separation, dissolution, or termination of marriage/RDP by 12/31/2015				• 1d		
	Legally married/RDP and did not live with spouse/RDP during 2015						
	Legally married/RDP and lived with spouse/RDP during 2015. List the beginning and ending dates for each period when you lived together:						
	From:	To:		From:	To:		
Pai	Part II – Qualifying Person						
2	neck one box below to identify the relationship of the person that qualifies you for the head of household filing status. See instructions.						
	<b>a</b> Son, daughter, stepson, or stepdaughter				• 2a		
	<b>b</b> Grandchild, brother, sister, half brother, half sister, stepbr	rother, stepsister, ne	ohew, or niece		• 2b		
	c Eligible foster child				• 2c		
	$oldsymbol{d}$ Father, mother, stepfather, or stepmother				• 2d		
	e Grandfather, grandmother, son-in-law, daughter-in-law, fa sister-in-law, uncle, or aunt				● 2e		
Do							
Part III – Qualifying Person Information							
3	Information about your qualifying person. See instructions.						
	First Name			•			
	I Name						
	DOB (MM/DD/YYYY)			•			
4	Enter qualifying person's gross income in 2015. See instruct	tions					
5	Number of days your qualifying person lived with you during	g 2015. See instruction	ons	•			
	When calculating the total number of days your qualifying pabsent from your home. For example, illness, education, but	•				oorarily	