

2016 California Resident Income Tax Return

540 2EZ

Your first name	Initial	Last name	Suffix	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"/>	<input type="text"/>	
If joint tax return, spouse's/RDP's first name	Initial	Last name	Suffix	Spouse's/RDP's SSN or ITIN	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Additional information (see instructions)					
<input type="text"/>				<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 instructions.)			State	ZIP code	
<input type="text"/>			<input type="text"/>	<input type="text"/>	
Foreign country name		Foreign province/state/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 2015 tax return under a different last name, write the last name only from the 2015 tax return.

Taxpayer

Spouse/RDP

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

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.

5 Qualifying widow(er) with dependent child. Enter 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. ● 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

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your name:

Your SSN or ITIN:

Whole dollars only

**Taxable
Income and
Credits**

- 9 Total wages (federal Form W-2, box 16). See instructions. ● 9 .00
- 10 Total interest income (Form 1099-INT, box 1). See instructions. ● 10 .00
- 11 Total dividend income (Form 1099-DIV, box 1a). See instructions. ● 11 .00
- 12 Total pension income . See instructions. Taxable amount. ● 12 .00
- 13 Total capital gains distributions from mutual funds (Form 1099-DIV, box 2a).
See instructions. ● 13 .00
- 16 Add line 9, line 10, line 11, line 12, and line 13. ● 16 .00
- 17 Using the 2EZ Table for your filing status, enter the tax for the amount on line 16.
Caution: If you checked the box on line 6, **STOP**. See instructions for
completing the Dependent Tax Worksheet. ● 17 .00
- 18 Senior exemption: See instructions. If you are 65 or older and entered 1 in the
box on line 7, enter \$111. If you entered 2 in the box on line 7, enter \$222. ● 18 .00
- 19 Nonrefundable renter's credit. See instructions. ● 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 Earned Income Tax Credit (EITC). See instructions for FTB 3514. ● 23 .00
- 24 **Total payments.** Add line 22 and line 23. ● 24 .00

Enclose, but do
not staple, any
payment.

Use Tax

25 **Use tax.** See instructions. ● 25 .00

26 Payments balance. If line 24 is more than line 25, subtract line 25 from line 24. ● 26 .00

27 **Use Tax balance.** If line 25 is more than line 24, subtract line 24 from line 25. ● 27 .00

**Overpaid
Tax/
Tax Due.**

28 Overpaid tax. If line 26 is more than line 21, subtract line 21 from line 26. ● 28 .00

29 Tax due. If line 26 is less than line 21, subtract line 26 from line 21.
See instructions. ● 29 .00

This space reserved for 2D barcode

Your name:

Your SSN or ITIN:

Voluntary Contributions

	Code	Amount
California Seniors Special Fund. See instructions	● 400	<input type="text"/> .00
Alzheimer's Disease/Related Disorders Fund.	● 401	<input type="text"/> .00
Rare and Endangered Species Preservation Program	● 403	<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
California Cancer Research Fund	● 413	<input type="text"/> .00
RESERVED (DO NOT USE)		<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 Schools Fund	● 425	<input type="text"/> .00
State Children's Trust Fund for the Prevention of Child Abuse.	● 430	<input type="text"/> .00
Prevention of Animal Homelessness and Cruelty Fund	● 431	<input type="text"/> .00
Revive the Salton Sea Fund	● 432	<input type="text"/> .00
California Domestic Violence Victims Fund	● 433	<input type="text"/> .00
Special Olympics Fund	● 434	<input type="text"/> .00
Type 1 Diabetes Research Fund	● 435	<input type="text"/> .00
30 Add amounts in code 400 through code 435. These are your total contributions.	● 30	<input type="text"/> .00

Your name: Your SSN or ITIN:

Amount You Owe

31 AMOUNT YOU OWE. Add line 27, line 29, and line 30. See instructions. **Do not send cash.**

Mail to: **FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0001**..... ● **31**

.00

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

Direct Deposit (Refund Only)

32 REFUND OR NO AMOUNT DUE. Subtract line 30 from line 28. See instructions.

Mail to: **FRANCHISE TAX BOARD
PO BOX 942840
SACRAMENTO CA 94240-0001**..... ● **32**

.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 32) is authorized for direct deposit into the account shown below:

● Type
● Routing number ● Account number ● **33** Direct deposit amount .00
 Checking Savings

The remaining amount of my refund (line 32) is authorized for direct deposit into the account shown below:

● Type
● Routing number ● Account number ● **34** Direct deposit amount .00
 Checking Savings

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to **ftb.ca.gov** and search for **privacy notice**. To request this notice by mail, call 800.852.5711.

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the information on this tax return is true, correct, and complete.

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

Sign Here

It is unlawful to forge a spouse's/RDP's signature. Joint tax return? See instructions.

● Your email address. Enter only one email address. ● Preferred phone number

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 instructions. ... ● Yes No

Print Third Party Designee's Name Telephone Number