

# 2018 California Resident Income Tax Return

## 540 2EZ

Check here if this is an AMENDED return.

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/country		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**

Your prior name (see instructions)

Spouse's/RDP's prior name (see instructions)

If your California filing status is different from your federal filing status, check the box here

**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). Enter year spouse/RDP died.
- See instructions.

- 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 \$118. If you entered 2 in the box on line 7, enter \$236. . . . . ● 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.** Do not leave blank. See instructions. . . . . ● 25 .00
- If line 25 is zero, check if:  No use tax is owed.
- You paid your use tax obligation directly to CDTFA.

**Overpaid  
Tax/  
Tax Due.**

- 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
- 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**

	<b>Code</b>	<b>Amount</b>
California Seniors Special Fund. See instructions . . . . .	● 400	<input type="text"/> .00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund . . . . .	● 401	<input type="text"/> .00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program . . . . .	● 403	<input type="text"/> .00
California Breast Cancer Research Voluntary Tax Contribution Fund . . . . .	● 405	<input type="text"/> .00
California Firefighters' Memorial Fund . . . . .	● 406	<input type="text"/> .00
Emergency Food for Families Voluntary Tax Contribution 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 Voluntary Tax Contribution Fund . . . . .	● 413	<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 Voluntary Tax Contribution Fund . . . . .	● 424	<input type="text"/> .00
Keep Arts in Schools Voluntary Tax Contribution 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
California YMCA Youth and Government Voluntary Tax Contribution Fund . . . . .	● 436	<input type="text"/> .00
Habitat for Humanity Voluntary Tax Contribution Fund . . . . .	● 437	<input type="text"/> .00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund . . . . .	● 438	<input type="text"/> .00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund . . . . .	● 439	<input type="text"/> .00
Rape Backlog Kit Voluntary Tax Contribution Fund . . . . .	● 440	<input type="text"/> .00
Organ and Tissue Donor Registry Voluntary Tax Contribution Fund . . . . .	● 441	<input type="text"/> .00
National Alliance on Mental Illness California Voluntary Tax Contribution Fund . . . . .	● 442	<input type="text"/> .00
Schools Not Prisons Voluntary Tax Contribution Fund . . . . .	● 443	<input type="text"/> .00
<b>30</b> Add amounts in code 400 through code 443. These are your total contributions . . . . .	● <b>30</b>	<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/pay** 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  Checking ● Account number  ● **33** Direct deposit amount .00  
 Savings

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

● Type  
● Routing number  Checking ● Account number  ● **34** Direct deposit amount .00  
 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/forms** and search for **1131**. 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  ● Firm's 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