

2019 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)

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)
	<input type="text"/>	<input type="text"/>

Prior Name	Your prior name (see instructions)	Spouse's/RDP's prior name (see instructions)
	<input type="text"/>	<input type="text"/>

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

Check the box for your filing status. Check only one. See instructions.

Filing Status	1 <input type="checkbox"/> Single	5 <input type="checkbox"/> Qualifying widow(er). Enter year spouse/RDP died. <input type="text"/>
	2 <input type="checkbox"/> Married/RDP filing jointly (even if only one spouse/RDP had income)	See instructions. <input type="text"/>
	4 <input type="checkbox"/> Head of household. STOP! See instructions.	

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

Exemptions		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 (federal Form 1099-INT, box 1). See instructions.. . . . ● 10 .00
- 11 Total dividend income (federal 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 (federal 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 \$122. If you entered 2 in the box on line 7, enter \$244. . . . ● 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 federal Form 1099-R, box 12). . . ● 22 .00
- 23 Earned Income Tax Credit (EITC). See instructions for FTB 3514. ● 23 .00
- 24 Young Child Tax Credit (YCTC). See instructions.. . . . ● 24 .00
- 25 **Total payments.** Add line 22, line 23, and line 24. ● 25 .00

Use Tax

- 26 **Use tax.** Do not leave blank. See instructions. ● 26 .00
- If line 26 is zero, check if: No use tax is owed. You paid your use tax obligation directly to CDTPA.

Overpaid Tax/Tax Due

- 27 Payments balance. If line 25 is more than line 26, subtract line 26 from line 25.. ● 27 .00
- 28 **Use Tax balance.** If line 26 is more than line 25, subtract line 25 from line 26. . ● 28 .00
- 29 Overpaid tax. If line 27 is more than line 21, subtract line 21 from line 27. . . . ● 29 .00
- 30 Tax due. If line 27 is less than line 21, subtract line 27 from line 21. See instructions. ● 30 .00

Your name:

Your SSN or ITIN:

Contributions

Code **Amount**

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
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund. . .	● 431	<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 Kit Backlog 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
Suicide Prevention Voluntary Tax Contribution Fund.	● 444	<input type="text"/>	.00
31 Add amounts in code 400 through code 444. These are your total contributions. . . .	● 31	<input type="text"/>	.00

Your name:

Your SSN or ITIN:

Amount You Owe

32 AMOUNT YOU OWE. Add line 28, line 30, and line 31. See instructions. **Do not send cash.**

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

..... ● **32** .00

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

33 REFUND OR NO AMOUNT DUE. Subtract line 31 from line 29. See instructions.

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

..... ● **33** .00

Direct Deposit (Refund Only)

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

● Routing number	● Type	● Account number	● 34 Direct deposit amount
<input type="text"/>	<input type="checkbox"/> Checking	<input type="text"/>	<input type="text"/> .00
	<input type="checkbox"/> Savings		

The remaining amount of my refund (line 33) is authorized for direct deposit into the account shown below:

● Routing number	● Type	● Account number	● 35 Direct deposit amount
<input type="text"/>	<input type="checkbox"/> Checking	<input type="text"/>	<input type="text"/> .00
	<input type="checkbox"/> 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)
<input checked="" type="text"/>	<input type="text"/>	<input checked="" type="text"/>

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
<input type="text"/>	<input type="text"/>

Firm's address	● Firm's FEIN
<input type="text"/>	<input type="text"/>

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
<input type="text"/>	<input type="text"/>