

# 2023 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"/>					
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)

**Principal Residence**

Enter your county at time of filing (see instructions)

If your address above is the same as your principal/physical residence address at the time of filing, check this box . . .

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.)

Apt. no./ste. no.

City

State

ZIP code

**Filing Status**

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.

1  Single

2  Married/RDP filing jointly (even if only one spouse/RDP had income)

4  Head of household. **STOP!** See instructions.

5  Qualifying surviving spouse/RDP. Enter year spouse/RDP died.

See instructions.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instructions . . . . .  6

Your name:

Your SSN or ITIN:

**7 Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions . . . ● **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 (see instructions)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

Whole dollars only

**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 \$144. If you entered 2 in the box on line 7, enter \$288. . . . . ● **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 14). . . . . ● **22**  .00

**23 a** Earned Income Tax Credit (EITC). See instructions. . . . . ● **23a**  .00

**b** Young Child Tax Credit (YCTC). See instructions. . . . . ● **23b**  .00

**c** Foster Youth Tax Credit (FYTC). See instructions. . . . . ● **23c**  .00

**25 Total payments.** Add line 22, line 23a, line 23b, and line 23c. . . . . ● **25**  .00

Taxable Income and Credits

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 CDTFA.

Your name:

Your SSN or ITIN:

**27** If you and your household had full-year health care coverage, check the box.  
 See instructions. Medicare Part A or C coverage is qualifying health care coverage. . . . .   
 If you did not check the box, see instructions.  
 Individual Shared Responsibility (ISR) Penalty. See instructions . . . . . ● **27**  .00

**28** Payments balance. If line 25 is more than line 26, subtract line 26 from line 25. . . . .  **28**  .00

**29 Use Tax balance.** If line 26 is more than line 25, subtract line 25 from line 26. . . . .  **29**  .00

**30** Payments after Individual Shared Responsibility Penalty. If line 28 is more than line 27, subtract line 27 from line 28. . . . .  **30**  .00

**31** Individual Shared Responsibility Penalty balance. If line 27 is more than line 28, subtract line 28 from line 27. . . . .  **31**  .00

**32** Overpaid tax. If line 30 is more than line 21, subtract line 21 from line 30. . . . . ● **32**  .00

**33** Tax due. If line 30 is less than line 21, subtract line 30 from line 21.  
 See instructions. . . . .  **33**  .00

		<u>Code</u>	<u>Amount</u>
<b>Contributions</b>	California Seniors Special Fund. See instructions . . . . .	● <b>400</b>	<input type="text"/> .00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund. . . . .	● <b>401</b>	<input type="text"/> .00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program . . .	● <b>403</b>	<input type="text"/> .00
	California Breast Cancer Research Voluntary Tax Contribution Fund. . . . .	● <b>405</b>	<input type="text"/> .00
	California Firefighters' Memorial Voluntary Tax Contribution Fund. . . . .	● <b>406</b>	<input type="text"/> .00
	Emergency Food for Families Voluntary Tax Contribution Fund. . . . .	● <b>407</b>	<input type="text"/> .00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund. . . .	● <b>408</b>	<input type="text"/> .00
	California Sea Otter Voluntary Tax Contribution Fund. . . . .	● <b>410</b>	<input type="text"/> .00
	California Cancer Research Voluntary Tax Contribution Fund. . . . .	● <b>413</b>	<input type="text"/> .00
	School Supplies for Homeless Children Voluntary Tax Contribution Fund . . . . .	● <b>422</b>	<input type="text"/> .00
	State Parks Protection Fund/Parks Pass Purchase . . . . .	● <b>423</b>	<input type="text"/> .00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund . . . . .	● <b>424</b>	<input type="text"/> .00
	Keep Arts in Schools Voluntary Tax Contribution Fund. . . . .	● <b>425</b>	<input type="text"/> .00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund . . . . .	● <b>438</b>	<input type="text"/> .00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund . . . . .	● <b>439</b>	<input type="text"/> .00
Rape Kit Backlog Voluntary Tax Contribution Fund. . . . .	● <b>440</b>	<input type="text"/> .00	

Your name:

Your SSN or ITIN:

**Contributions**

Suicide Prevention Voluntary Tax Contribution Fund . . . . . ● **444**  .00

Mental Health Crisis Prevention Voluntary Tax Contribution Fund . . . . . ● **445**  .00

**34** Add amounts in code 400 through code 445. This is your total contribution. . . . . ● **34**  .00

**Amount You Owe**

**35 AMOUNT YOU OWE.** Add line 29, line 31, line 33, and line 34. See instructions. **Do not send cash.**  
 Mail to: **FRANCHISE TAX BOARD**  
**PO BOX 942867**  
**SACRAMENTO CA 94267-0001** . . . . . ● **35**  .00

Pay online – Go to [ftb.ca.gov/pay](http://ftb.ca.gov/pay) for more information.

**36 REFUND OR NO AMOUNT DUE.** Subtract line 34 from line 32. See instructions.  
 Mail to: **FRANCHISE TAX BOARD**  
**PO BOX 942840**  
**SACRAMENTO CA 94240-0001** . . . . . ● **36**  .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 36) is authorized for direct deposit into the account shown below:

● Routing number  ● Type  Checking  Savings ● Account number  ● **37** Direct deposit amount  .00

The remaining amount of my refund (line 36) is authorized for direct deposit into the account shown below:

● Routing number  ● Type  Checking  Savings ● Account number  ● **38** Direct deposit amount  .00

**Voter Info.**

For voter registration information, check the box and go to [sos.ca.gov/elections](http://sos.ca.gov/elections). See instructions . . . . .

**Health Care Coverage Info.**

Do you want information on no-cost or low-cost health care coverage?  
 By checking the “Yes” box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions . . . . .   Yes  No

Sign Your Tax Return on Side 5

Your name:

Your SSN or ITIN:

Our privacy notice can be found in annual tax booklets or online. Go to [ftb.ca.gov/privacy](http://ftb.ca.gov/privacy) to learn about our privacy policy statement, or go to [ftb.ca.gov/forms](http://ftb.ca.gov/forms) and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

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