

2025 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/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"/>		

Principal Residence	Enter your county at time of filing (see instructions)			
	•	<input type="text"/>		
	If your address above is the same as your principal/physical residence address at the time of filing, check this box . . . <input type="checkbox"/>			
	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.	
•	<input type="text"/>	•	<input type="text"/>	
	City	State	ZIP code	
•	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Filing Status	If your California filing status is different from your federal filing status, check the box here <input type="checkbox"/>			
	Check the box for your filing status. Check only one. See instructions.			
	1	<input type="checkbox"/> Single	5	<input type="checkbox"/> Qualifying surviving spouse/RDP. 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 someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instructions <input type="checkbox"/>			

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 \$153. If you entered 2 in the box on line 7, enter \$306. ● **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 CDTEA.

Your name:

Your SSN or ITIN:

ISR Penalty	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. <input type="checkbox"/>	
		If you did not check the box, see instructions. Individual Shared Responsibility (ISR) Penalty. See instructions <input checked="" type="radio"/> 27	<input type="text"/> .00
Overpaid Tax/Tax Due	28	Payments balance. If line 25 is more than line 26, subtract line 26 from line 25. . . . <input checked="" type="radio"/> 28	<input type="text"/> .00
	29	Use Tax balance. If line 26 is more than line 25, subtract line 25 from line 26. . . . <input checked="" type="radio"/> 29	<input type="text"/> .00
	30	Payments after Individual Shared Responsibility Penalty. If line 28 is more than line 27, subtract line 27 from line 28. <input checked="" type="radio"/> 30	<input type="text"/> .00
	31	Individual Shared Responsibility Penalty balance. If line 27 is more than line 28, subtract line 28 from line 27. <input checked="" type="radio"/> 31	<input type="text"/> .00
	32	Overpaid tax. If line 30 is more than line 21, subtract line 21 from line 30. <input checked="" type="radio"/> 32	<input type="text"/> .00
	33	Tax due. If line 30 is less than line 21, subtract line 30 from line 21. See instructions. <input checked="" type="radio"/> 33	<input type="text"/> .00

Contributions	Code	Amount
	California Seniors Special Fund. See instructions <input checked="" type="radio"/> 400	<input type="text"/> .00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund. <input checked="" type="radio"/> 401	<input type="text"/> .00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program . . . <input checked="" type="radio"/> 403	<input type="text"/> .00
	California Breast Cancer Research Voluntary Tax Contribution Fund. <input checked="" type="radio"/> 405	<input type="text"/> .00
	California Firefighters' Memorial Voluntary Tax Contribution Fund. <input checked="" type="radio"/> 406	<input type="text"/> .00
	Emergency Food for Families Voluntary Tax Contribution Fund. <input checked="" type="radio"/> 407	<input type="text"/> .00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund. . . . <input checked="" type="radio"/> 408	<input type="text"/> .00
	California Cancer Research Voluntary Tax Contribution Fund. <input checked="" type="radio"/> 413	<input type="text"/> .00
	School Supplies for Homeless Children Voluntary Tax Contribution Fund <input checked="" type="radio"/> 422	<input type="text"/> .00
	State Parks Protection Fund/Parks Pass Purchase <input checked="" type="radio"/> 423	<input type="text"/> .00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund <input checked="" type="radio"/> 424	<input type="text"/> .00
	Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund. . . <input checked="" type="radio"/> 431	<input type="text"/> .00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund. <input checked="" type="radio"/> 438	<input type="text"/> .00	
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund <input checked="" type="radio"/> 439	<input type="text"/> .00	

Your name:

Your SSN or ITIN:

Contributions

Mental Health Crisis Prevention Voluntary Tax Contribution Fund ● 445

.00

California ALS Research Network Voluntary Tax Contribution Fund ● 447

.00

California Pediatric Cancer Research Voluntary Tax Contribution Fund ● 448

.00

Parkinson's Disease Research Voluntary Tax Contribution Fund ● 449

.00

34 Add amounts in code 400 through code 449. This is your total contribution ● 34

.00
Amount
You Owe35 **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** 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	● Account number	● 37 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 36) is authorized for direct deposit into the account shown below:

● Routing number	● Type	● Account number	● 38 Direct deposit amount
<input type="text"/>	<input type="checkbox"/> Checking	<input type="text"/>	<input type="text"/> .00
	<input type="checkbox"/> Savings		

Voter Info.

For voter registration information, check the box and go to **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 Franchise Tax Board to share limited information from your tax return with Covered California. See instructions.

☒ ☐ Yes ☐ No

(continued on next page)

Your name:

Your SSN or ITIN:

Organ Donor Election

By checking the applicable box you authorize written consent for Donate Life California to enroll you in the Donate Life California Organ and Tissue Donor Registry, and for the Franchise Tax Board to share limited information from your tax return with Donate Life California.

If your individual information has changed since the last time you filed a tax return, and are already registered with Donate Life California, re-checking the box will send your most updated individual information to Donate Life California. If you do not check the box, Donate Life California will not enroll you in the registry at this time.

To remove your name from the registry contact Donate Life California directly. For more information, see the Consent Language in the instructions.

☒ ☐ Primary taxpayer

☒ ☐ Spouse/RDP
(if joint tax return)

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to 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

☒ Print paid preparer's name

☒ Paid preparer's 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