

# California Resident Income Tax Return 2013

## 540 2EZ C1 Side 1

Your first name	Initial	Last name	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"/>	
If joint tax return, spouse's/RDP's first name	Initial	Last name	Spouse's/RDP's SSN or ITIN	
<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 page 6.)		State	ZIP Code	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Foreign Country Name	Foreign Province/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 2012 tax return under a different last name, write the last name only from the 2012 tax return.

Taxpayer 
 Spouse/RDP

**Filing Status** **Filing Status.** Check the box for your filing status. See instructions, page 6.

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, page 6.  
 5  Qualifying widow(er) with dependent child. 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, page 6 . . . . .  **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**

First name	Last name	Dependent's relationship to you
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Your name:

Your SSN or ITIN:

**Taxable  
Income and  
Credits**

**Whole dollars only**

- 9 Total wages (federal Form W-2, box 16).  
See instructions, page 7 ..... ● 9 .00
- 10 Total interest income (Form 1099-INT, box 1). See instructions, page 7 ..... ● 10 .00
- 11 Total dividend income (Form 1099-DIV, box 1a). See instructions, page 7..... ● 11 .00
- 12 Total pension income . See instructions, page 7. Taxable amount. . ● 12 .00
- 13 Total capital gains distributions from mutual funds (Form 1099-DIV, box 2a).  
See instructions, page 7..... ● 13 .00
- 14 Unemployment compensation ..... ● 14 .00
- 15 U.S. social security or railroad retirement benefits.. ● 15 .00
- 16 Add line 9, line 10, line 11, line 12, and line 13. **Do not include  
line 14 and line 15.** ..... ● 16 .00
- 17 Using the 2EZ Table for your filing status, enter the tax for the amount on line 16. ● 17 .00  
**Caution:** If you check the box on line 6, **STOP**. See instructions, page 8,  
Dependent Tax Worksheet.
- 18 Senior exemption: See instructions, page 8. If you are 65 and entered 1 in the  
box on line 7, enter \$106. If you entered 2 in the box on line 7, enter \$212. ... ● 18 .00
- 19 Nonrefundable renter's credit. See instructions, page 8 ..... ● 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 Overpaid tax. If line 22 is more than line 21, subtract line 21 from line 22. .... ● 23 .00
- 24 Tax due. If line 22 is less than line 21, subtract line 22 from line 21.  
See instructions, page 8. .... ● 24 .00

Enclose, but do  
not staple, any  
payment.

**Overpaid  
Tax/  
Tax Due.**

This space reserved for 2D barcode

Your name:

Your SSN or ITIN:

**Use Tax** 25 Use tax. **This is not a total line.** See instructions, page 8 . ● 25 .00

**Voluntary Contributions**

	<b>Code</b>	<b>Amount</b>
California Seniors Special Fund (see page 13) . . . . .	● 400	<input type="text"/> .00
Alzheimer's Disease/Related Disorders Fund. . . . .	● 401	<input type="text"/> .00
California Fund for Senior Citizens . . . . .	● 402	<input type="text"/> .00
Rare and Endangered Species Preservation Program . . . . .	● 403	<input type="text"/> .00
State Children's Trust Fund for the Prevention of Child Abuse. . . . .	● 404	<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
Municipal Shelter Spay-Neuter Fund . . . . .	● 412	<input type="text"/> .00
California Cancer Research Fund. . . . .	● 413	<input type="text"/> .00
Child Victims of Human Trafficking Fund. . . . .	● 419	<input type="text"/> .00
California YMCA Youth and Government Fund . . . . .	● 420	<input type="text"/> .00
California Youth Leadership Fund . . . . .	● 421	<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 School Fund . . . . .	● 425	<input type="text"/> .00
American Red Cross, California Chapters Fund . . . . .	● 426	<input type="text"/> .00
<b>26</b> Add amounts in code 400 through code 426. These are your total contributions. . . . .	● 26	<input type="text"/> .00

Your name:

Your SSN or ITIN:

**Amount You Owe**

**27 AMOUNT YOU OWE.** Add line 24, line 25, and line 26. If line 23 is less than line 25 and line 26, enter the difference here. See instructions, page 10 (**Do Not Send Cash**). Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** . . . . . ●27

.00

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

**Direct Deposit (Refund Only)**

**28 REFUND OR NO AMOUNT DUE.** Subtract line 25 and line 26 from line 23. See instructions, page 10. Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** . . . . . ●28

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

● Routing number	● Type	● Account number	● 29 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 28) is authorized for direct deposit into the account shown below:

● Routing number	● Type	● Account number	● 30 Direct deposit amount
<input type="text"/>	<input type="checkbox"/> Checking	<input type="text"/>	<input type="text"/> .00
	<input type="checkbox"/> Savings		

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the information on this 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 page 11)

Your email address (optional). Enter only one email address.

Daytime phone number (optional)

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 page 11) . . . . . ●  Yes  No

Print Third Party Designee's Name

Telephone Number