

California Resident Income Tax Return 2001

FORM
540 2EZ

L A B E L H E R E	Your first name		Initial	Last name		P A C A R R P	
	If a joint return, spouse's first name		Initial	Last name			
	Number and street, PO box or rural route			Apt. no.	PMB no.		
	City		State	ZIP Code			
Your social security number			If joint return, spouse's social security number				
<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"/>			<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"/>				

Filing Status. Fill in the circle for your filing status. See instructions.

- 1 Single
 - 2 Married filing joint
 - 4 Head of household. **Stop!** See instructions.
 - 5 Qualifying widow(er) with dependent child. (Year spouse died _____.)
 - 6 If another person can claim you (or your spouse, if married) as a dependent on their return, fill in this circle ● 6
 - 7 Number of dependents. (**Do not include yourself or your spouse**) .. ● 7
- Name: _____ Name: _____ Name: _____

8	Total wages (Form W-2, box 16) ● 8	<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"/>
9	Total interest income (Form 1099-INT, box 1)	<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"/>
10	Unemployment compensation . ● 10 _____	
11	Add line 8 and line 9. Caution: Do not include line 10. ● 11	<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"/>
12	Using the table for your filing status, enter the tax for the amount on line 11 12 (If you filled in the circle on line 6, STOP. See instructions)	<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"/>
13	Nonrefundable renter's credit. See instructions ● 13	<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"/>
14	Subtract line 13 from line 12. If zero or less, enter -0- ● 14	<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"/>
15	Total tax withheld (Form W-2, box 17) ■ 15	<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"/>
16	Overpaid tax. If line 15 is more than line 14, subtract line 14 from line 15 ■ 16	<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"/>
17	Tax due. If line 15 is less than line 14, subtract line 15 from line 14 17	<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"/>

18 Transfer overpaid tax from Side 1, line 16 . . . 18

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19 Transfer tax due from Side 1, line 17 19

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Voluntary Contributions. See instructions. Code Amount

Alzheimer's Disease/Related Disorders Fund	◀ 52 ▶	_____
California Fund for Senior Citizens	◀ 53 ▶	_____
Rare and Endangered Species Preservation Program	◀ 54 ▶	_____
State Children's Trust Fund for the Prevention of Child Abuse	◀ 55 ▶	_____
California Breast Cancer Research Fund	◀ 56 ▶	_____
California Firefighters' Memorial Fund	◀ 57 ▶	_____
Emergency Food Assistance Program Fund	◀ 58 ▶	_____
California Peace Officer Memorial Foundation Fund	◀ 59 ▶	_____
Lupus Foundation of America, California Chapters Fund	◀ 60 ▶	_____

20 Add all contributions entered above ● 20

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21 Refund or no amount due. Subtract line 20 from line 18. **Mail to:** Franchise Tax Board, PO Box 942840, Sacramento CA 94240-0002 ■ 21

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22 Amount you owe. If there is an amount on line 19, add line 19 and line 20. **Mail to:** Franchise Tax Board, PO Box 942867, Sacramento CA 94267-0001 ■ 22

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Direct Deposit (For Refunds Only)

Fill in the boxes to have your refund directly deposited.

Account Type: Checking ● Savings ● Routing number ▶ ●

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Account number ▶ ●

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Caution: Do not attach a voided check or a deposit slip!

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. It is unlawful to forge a spouse's signature. **9**

Sign here ▶ You: _____ Spouse: _____
Daytime phone number () _____ Date: _____

Paid preparer ▶ _____

● Paid preparer's SSN/PTIN

FEIN											