Californ	ia F	Resident	Ind	come Tax Retu	urn 2012	_	54	0 2EZ C1	Side 1		
Your first name				Last name		Your SS	SN or ITIN	_	Р		
If joint return, spouse's/RDP's first name Initial Last name						Spouse's/RDP's SSN or ITIN			AC		
A dalana a (a comb a a a		t DO Day as DMD a				A . 1	(0)	T	A		
Address (number a	na stree	et, PO Box, or PMB no	0.)			Apt. no.	./Ste. no.		R		
City						State	ZIP Code				
									RP		
Date of ● Taxpa Birth	yer (mı	m/dd/yyyy)		/, • Spouse/F	RDP (mm/dd/yyyy)	/_					
M =	-			a different last name, write	-			1-1-1-1-1			
Filing Status	Filin	g Status. Check	the b	oox for your filing status.	See instructions, page	6.					
Check only one.	2 4 5	☐ Head of hou ☐ Qualifying v	useh vido\	ng jointly (even if only or old. STOP! See instructio w(er) with dependent chil tus is different from your	ns, page 6. d. Year spouse/RDP die	ed		•			
Exemptions	7	even if he or she Senior: If you (e cho or yo	n claim you (or your spoo ooses not to, you must se ur spouse/RDP) are 65 o t include yourself or yo u	e the instructions, page r older, enter 1; if both	e 6 are 65 d	or older, ente	2	. • 7 🔲		
		First Name Last				ame		Dependent's r to yo			
Taxable Income and	9	Total wages (fed			Whole dollars only						
Credits	40	See instructions			,						
		Total interest in Total dividend in									
					,						
		Protal pension income See instructions, page 7. Taxable amount. ● 12 Brotal capital gains distributions from mutual funds (Form 1099-DIV, box 2a).									
		See instructions, page 7									
	14	Unemployment)	,							
	15	U.S. social securi	ty or)							
Enclose, but do	16			ne 11, line 12, and line 1							
not staple, any payment.						,					
	17	7 Using the 2EZ Table for your filing status, enter the tax for the amount on line 16. Caution: If you check the box on line 6, STOP. See instructions, page 7, Dependent Tax Worksheet.									
	18			ee instructions, page 7. I					0.0		
				\$104. If you entered 2 in					0.0		
		Nonrefundable									
				and line 19					0.0		
	21	Tax. Subtract lin	ne 20	● 21		0_0					

Overpatid 21a Enter the amount from Side 1, line 21	Your name:		Your SSN or ITIN:										
or Form 1099-R, box 12). 23 Overpaid tax. If line 22 is more than line 21a, subtract line 22 from line 22. 24 Tax due. If line 22 is less than line 21a, subtract line 22 from line 21a. 25 Use tax. This is not a total line. See instructions, page 8. 25 Use tax. This is not a total line. See instructions, page 8. 26 Amount CA Senors Special Fund. See page 13. 400 401 CA Peace Officer Memorial Foundation from 4.408 CA Senors Special Fund. See page 13. 401 CA Fund for Senior Citizens. 402 CA Sea Other Fund 403 CA Fund for Senior Citizens. 403 CA Cancer Research Fund 404 CA Cancer Research Fund 405 CA Cancer Research Fund 407 CA Cancer Research Fund 408 CA Cancer Research Fund 409 CA Cancer Research Fund 401 CA Cancer Research Fund 401 CA Cancer Research Fund 403 CA Cancer Research Fund 404 CA Cancer Research Fund 404 CA Cancer Research Fund 405 CA Cancer Research Fund 406 CA Cancer Research Fund 407 CA Cancer Research Fund 408 CA Cancer Research Fund 409 CA Cancer Research Fund 400 CA Cancer Research Fund 401 CA Cancer Res	Tax/			21a									
24 Tax due, If line 22 is less than line 21a, subtract line 22 from line 21a. 25 Use tax. This is not a total line. See instructions, page 8. ◆ 25				● 22									
See instructions, page 8.		23	Overpaid tax. If line 22 is more than line 21a, subtract line 21a from line 22	. ● 230_0									
Voluntary Contributions		24	Tax due. If line 22 is less than line 21a, subtract line 22 from line 21a.										
Voluntary Contributions CA Seniors Special Fund. See page 13.			See instructions, page 8	24									
CA Seniors Special Fund. See page 13.	Use Tax	25	Use tax. This is not a total line. See instructions, page 8 . ● 25	0,0_,									
Abthemer's Disease/Related Disorders Fund	Voluntary	Con	tributions Code Amount										
CA Fund for Senior Citizens. Analysis of the Children Spay-Neuter Fund. 402 00 Municipal Shelter Spay-Neuter Fund. 412 000 Preservation Program. 403 00 ALS/Lou Cehnig's Disease Research Fund. 414 000 145 000 Preservation Program. 405 000 CA VAMCA Youth and Government Fund. 406 000 CA YMCA Youth and Government Fund. 407 000 CA Frielighter's Memorial Fund. 408 000 CA Fund Leadership Fund. 409 000 CA Fund Leadership Fund. 407 000 State Parks Protection FundParks Passa FundParks Protection FundParks Passa FundPark													
Rare and Endangered Species Preservation Program													
Preservation Program													
Prevention of Child Abuse.	Preservation	n Pro	gram ● 403										
CA Breast Cancer Research Fund. 405	State Children	n's Tru	of the victims of Hamari Hamoking 1 d										
CA Firefighters' Memorial Fund			CA TWICA TOULT and Government to										
Emergency Food For Families Fund			CA foutil Leadership Fullu										
Amount You Owe Amount Toule Subtract line 25, If line 23 is less than line 25 and line 26 and line 26 form line 23. See instructions, page 10. Mail to: FRANCHISE TAX BOARD, PO BOX 94267-0001 Amount and the information to authorize direct deposit of your refund into one or two accounts. All or the following amount of my refund (line 28) is authorized for direct deposit into the account shown below: All or the following amount of my refund (line 28) is authorized for direct deposit into the account shown below: Checking All or the following amount of my refund (line 28) is authorized for direct deposit into the account shown below: Checking Amount You Owe Amount Mail to: FRANCHISE TAX BOARD, PO BOX 942840, All or the following amount of my refund (line 28) is authorized for direct deposit into the account shown below: Checking Amount You Owe Amount Mail to: FRANCHISE TAX BOARD, PO BOX 942840, Amount Take Work of your Interest of Post of the Comment of Post of Post of the Comment of Post of the Comment of Post of Pos			School Supplies for Homeless Children										
Amount You Owe Tour 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 9 (Do Not Send Cash). Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001	0 ,		State Farks Folection Funds also										
FRANCHISE TAX BOARD, PD BOX 942867, SACRAMENTO CA 94267-0001	A		<u> </u>	,									
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 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: Checking Routing number The remaining amount of my refund (line 28) is authorized for direct deposit into the account shown below: Checking Routing number The remaining amount of my refund (line 28) is authorized for direct deposit into the account shown below: Checking Routing number Account number Account number O 0 Routing number Account number O 0 Account number Vour signature Your signature (declaration of preparer is based on all information of which preparer has any knowledge) Firm's name (or yours if self-employed) Firm's name (or yours if self-employed) Firm's address Do you want to allow another person to discuss this return with us (see page 10)?		I	ine 26, enter the difference here. See instructions, page 9 (Do Not Send Cash). Mail to	o:									
Center C	Direct		Pay online – Go to ftb.ca.gov for more information.										
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: Checking Savings Account number The remaining amount of my refund (line 28) is authorized for direct deposit into the account shown below: Checking Savings Account number The remaining amount of my refund (line 28) is authorized for direct deposit into the account shown below: Checking Savings Account number O 0 Routing number Type Account number Spouse's/RDP's signature (if filing jointly, both must sign) Daytime phone number (optional) Your signature Your signature Your signature (declaration of preparer is based on all information of which preparer has any knowledge) Print Print's address Do you want to allow another person to discuss this return with us (see page 10)?	Deposit (Refund	i	instructions, page 10. Mail to: FRANCHISE TAX BOARD, PO BOX 942840,										
account shown below: Checking		Do n	ill in the information to authorize direct deposit of your refund into one or two accounts. To not attach a voided check or a deposit slip. Have you verified the routing and										
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Do you want to allow another person to discuss this return with us (see page 10)? ● □ Yes □ No ()	page 10.		Firm's name (or yours if self-employed)	● FEIN									
			Firm's address										
Print Third Party Designee's Name Telephone Number			Do you want to allow another person to discuss this return with us (see page 10)?	.● ☐ Yes ☐ No									
			Print Third Party Designee's Name Telepho	one Number									