

California Resident Income Tax Return 2008

540 2EZ C1 Side 1

Name and Address	Your first name	Initial	Last name	P
	If joint return, spouse's/RDP's first name	Initial	Last name	
Address (including number and street, PO Box, or PMB no.)				AC
City				A
State		ZIP Code		R
SSN or ITIN	Your SSN or ITIN	Spouse's/RDP's SSN or ITIN		RP
	IMPORTANT: Your SSN or ITIN is required.			

Prior Name If you filed your 2007 tax return under a different last name, write the last name only from the 2007 tax return.
 Taxpayer _____ Spouse/RDP _____

Filing Status **Filing Status.** Fill in the circle for your filing status. See instructions, page 6.
 Fill in 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, fill in the circle 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**
Dependent Exemptions 8 Number of dependents. Enter name and relationship (**Do not include yourself or your spouse/RDP**). **8**

		Whole dollars only	
Taxable Income and Credits	9 Total wages (federal Form W-2, box 16 or CA Sch W-2, line 3). See instructions, page 7	9	0.00
	10 Total interest income (Form 1099-INT, box 1). See instructions, page 7	10	0.00
	11 Total dividend income (Form 1099-DIV, box 1a). See instructions, page 7	11	0.00
	12 Total pension income _____ See instructions, page 7. Taxable amount.	12	0.00
	13 Total capital gains distributions from mutual funds (Form 1099-DIV, box 2a). See instructions, page 7	13	0.00
	14 Unemployment compensation	14	0.00
	15 U.S. social security or railroad retirement benefits	15	0.00
	16 Add line 9, line 10, line 11, line 12, and line 13. Do not include line 14 and line 15.	16	0.00
	17 Using the 2EZ Table for your filing status, enter the tax for the amount on line 16. Caution: If you filled in the circle on line 6, STOP . See instructions, page 7, Dependent Tax Worksheet.	17	0.00
	18 Senior exemption: See instructions, page 7. If you are 65 and entered 1 in the box on line 7, enter \$99. If you entered 2 in the box on line 7, enter \$198.	18	0.00
	19 Nonrefundable renter's credit. See instructions, page 7	19	0.00
	20 Credits. Add line 18 and line 19	20	0.00
	21 Tax. Subtract line 20 from line 17. If zero or less, enter -0-	21	0.00
Overpaid Tax/ Tax Due.	22 Total tax withheld (federal Form W-2, box 17 or CA Sch W-2, box 17 and/or Form 1099-R, box 10)	22	0.00
	23 Overpaid tax. If line 22 is more than line 21, subtract line 21 from line 22.	23	0.00
	24 Tax due. If line 22 is less than line 21, subtract line 22 from line 21. See instructions, page 8	24	0.00

Enclose, but do not staple, any payment.

Attach a copy of your Form(s) W-2 or complete CA Sch W-2

Your name: _____ Your SSN or ITIN: _____

Use Tax

25 Use tax. **This is not a total line.**
 See instructions, page 8 ● **25** _____ **0.0**

Voluntary Contributions

	Code	Amount
California Seniors Special Fund. See instructions, page 11	▶ 400	00
Alzheimer's Disease/Related Disorders Fund	▶ 401	00
California Fund for Senior Citizens	▶ 402	00
Rare and Endangered Species Preservation Program	▶ 403	00
State Children's Trust Fund for the Prevention of Child Abuse	▶ 404	00
California Breast Cancer Research Fund	▶ 405	00
California Firefighters' Memorial Fund	▶ 406	00
Emergency Food for Families Fund	▶ 407	00
California Peace Officer Memorial Foundation Fund	▶ 408	00
California Military Family Relief Fund	▶ 409	00
California Sea Otter Fund	▶ 410	00
California Ovarian Cancer Research Fund	▶ 411	00
Municipal Shelter Spay-Neuter Fund	▶ 412	00
California Cancer Research Fund	▶ 413	00
ALS/Lou Gehrig's Disease Research Fund	▶ 414	00

26 Add amounts in code 400 through code 414. These are your total contributions . ● **26** _____ **0.0**

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 9 (**Do Not Send Cash**). Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ● **27** _____ **0.0**
 Pay Online – Go to our website at **ftb.ca.gov** and search for **web pay**.

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 94240-0002** ● **28** _____ **0.0**

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
 ● Routing number ● Type ● Account number ● **29** Direct Deposit Amount _____ **0.0**

The remaining amount of my refund (line 28) is authorized for direct deposit into the account shown below:

Checking
 Savings
 ● Routing number ● Type ● Account number ● **30** Direct Deposit Amount _____ **0.0**

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.

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Joint return? See instructions, page 10.

Your signature	Spouse's/RDP's signature (if filing jointly, both must sign)	Daytime phone number (optional) () _____
X	X	Date _____
Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)		Paid Preparer's SSN/PTIN ● _____
Firm's name (or yours if self-employed)		FEIN ● _____
Firm's address		
Do you want to allow another person to discuss this return with us (see page 10) ● <input type="checkbox"/> Yes <input type="checkbox"/> No		
Print Third Party Designee's name		Telephone Number () _____