TAXABLE YEAR | FORM

2016 California Resident Income Tax Return 540 2EZ

Your first name | Initial | Last name | Suffix | Your SSN or ITIN | A

If joint tax return, spouse's/RDP's first name | Initial | Last name | Suffix | Spouse's/RDP's SSN or ITIN | R

Additional information (see instructions)

RP

Street address (number and street) or PO box | Apt. no/ste. no. | PMB/private mailbox

City (If you have a foreign address, see instructions.) | State | ZIP code

Foreign country name | Foreign province/state/county | Foreign postal code

Date of Birth ● Your DOB (mm/dd/yyyy) ● Spouse's/RDP's DOB (mm/dd/yyyy)

Prior Name If you filed your 2015 tax return under a different last name, write the last name only from the 2015 tax return.
Taxpayer ● Spouse/RDP ●

Filing Status

Check only one.

Filing Status. Check the box for your filing status. See instructions.

1 ☐ Single

2 ☐ Married/RDP filing jointly (even if only one spouse/RDP had income)

4 ☐ Head of household. STOP! See instructions.

5 ☐ Qualifying widow(er) with dependent child. Enter 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. . . . . ● 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 ☐

	Dependent 1	Dependent 2	Dependent 3
First Name	⊙	⊙	⊙
Last Name	⊙	⊙	⊙
SSN	●	●	●
Dependent's relationship to you	⊙	⊙	⊙

Your name: _____   Your SSN or ITIN: ___ - ___ - _____

Whole dollars only

Taxable Income and Credits

9 Total wages (federal Form W-2, box 16). See instructions. . . . . ● **9** [___,___.00]

10 Total interest income (Form 1099-INT, box 1). See instructions. . . . . ● **10** [___,___.00]

11 Total dividend income (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 (Form 1099-DIV, box 2a).
See instructions.. . . . . ● **13** [___,___.00]

Enclose, but do not staple, any payment.

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 $111. If you entered 2 in the box on line 7, enter $222. . . . . ◉ **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 Form 1099-R, box 12). . . . . . . ● **22** [___,___.00]

23 Earned Income Tax Credit (EITC). See instructions for FTB 3514. . . . . ● **23** [___,___.00]

24 Total payments. Add line 22 and line 23 . . . . ◉ **24** [___,___.00]

Use Tax

25 Use tax. See instructions . . . . ● **25** [___,___.00]

26 Payments balance. If line 24 is more than line 25, subtract line 25 from line 24 .◉ **26** [___,___.00]

27 Use Tax balance. If line 25 is more than line 24, subtract line 24 from line 25 . .◉ **27** [___,___.00]

Overpaid Tax/ Tax Due.

28 Overpaid tax. If line 26 is more than line 21, subtract line 21 from line 26. . . . . . ● **28** [___,___.00]

29 Tax due. If line 26 is less than line 21, subtract line 26 from line 21.
See instructions.. . . . . ◉ **29** [___,___.00]

This space reserved for 2D barcode

Side 2   Form 540 2EZ C1 2016   3112163

Your name: [   ]   Your SSN or ITIN: [   ]

Voluntary Contributions

	Code	Amount
California Seniors Special Fund. See instructions . . . . ●	400	.00
Alzheimer's Disease/Related Disorders Fund. . . . . ●	401	.00
Rare and Endangered Species Preservation Program . . . . ●	403	.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 Sea Otter Fund. . . . . ●	410	.00
California Cancer Research Fund. . . . . ●	413	.00
Child Victims of Human Trafficking Fund. . . **NO LONGER AVAILABLE** . . . . ●	419	.00
School Supplies for Homeless Children Fund . . . . ●	422	.00
State Parks Protection Fund/Parks Pass Purchase . . . . ●	423	.00
Protect Our Coast and Oceans Fund . . . . ●	424	.00
Keep Arts in Schools Fund . . . . ●	425	.00
State Children's Trust Fund for the Prevention of Child Abuse. . . . . ●	430	.00
Prevention of Animal Homelessness and Cruelty Fund . . . . ●	431	.00
Revive the Salton Sea Fund. . . . . ●	432	.00
California Domestic Violence Victims Fund . . . . ●	433	.00
Special Olympics Fund . . . . ●	434	.00
Type 1 Diabetes Research Fund. . . . . ●	435	.00
30 Add amounts in code 400 through code 435. These are your total contributions. . . . . ●	30	.00

Your name: [   ] Your SSN or ITIN: [   ]

Amount You Owe

31 AMOUNT YOU OWE. Add line 27, line 29, and line 30. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD**
PO BOX 942867
SACRAMENTO CA 94267-0001 . . . . ● **31** [.00]

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

Direct Deposit (Refund Only)

32 REFUND OR NO AMOUNT DUE. Subtract line 30 from line 28. See instructions.
Mail to: **FRANCHISE TAX BOARD**
PO BOX 942840
SACRAMENTO CA 94240-0001 . . . . ● **32** [.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 32) is authorized for direct deposit into the account shown below:

● Routing number   ● Type ☐ Checking ● Account number   ● **33** Direct deposit amount
[   ]   ☐ Savings [   ]   [.00]

The remaining amount of my refund (line 32) is authorized for direct deposit into the account shown below:

● Routing number   ● Type ☐ Checking ● Account number   ● **34** Direct deposit amount
[   ]   ☐ Savings [   ]   [.00]

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)
X	[- -]	X

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
[   ]   ( ) -

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 instructions. . . . ● ☐ Yes ☐ No

Print Third Party Designee's Name   Telephone Number
[   ]   ( )