

California Resident Income Tax Return 2012**540 2EZ C1 Side 1**

Your first name	Initial	Last name	Your SSN or ITIN	P
If joint return, spouse's/RDP's first name	Initial	Last name	Spouse's/RDP's SSN or ITIN	AC
Address (number and street, PO Box, or PMB no.)			Apt. no./Ste. no.	A
City			State	R
			ZIP Code	RP
Date of Birth ● Taxpayer (mm/dd/yyyy) ____/____/____ ● Spouse/RDP (mm/dd/yyyy) ____/____/____				
Prior Name If you filed your 2011 tax return under a different last name, write the last name only from the 2011 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

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 7, Dependent Tax Worksheet.
 18 Senior exemption: See instructions, page 7. If you are 65 and entered 1 in the box on line 7, enter \$104. If you entered 2 in the box on line 7, enter \$208. . ● 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

Enclose, but do not staple, any payment.

Overpaid Tax/ Tax Due.	21a	Enter the amount from Side 1, line 21	21a		0.0
	22	Total tax withheld (federal Form W-2, box 17 or Form 1099-R, box 12)	22		0.0
	23	Overpaid tax. If line 22 is more than line 21a, subtract line 21a from line 22	23		0.0
	24	Tax due. If line 22 is less than line 21a, subtract line 22 from line 21a. See instructions, page 8	24		0.0

Voluntary Contributions			Voluntary Contributions		
	Code	Amount		Code	Amount
CA Seniors Special Fund. See page 13	● 400	00	CA Peace Officer Memorial Foundation Fund . . .	● 408	00
Alzheimer's Disease/Related Disorders Fund . .	● 401	00	CA Sea Otter Fund	● 410	00
CA Fund for Senior Citizens	● 402	00	Municipal Shelter Spay-Neuter Fund	● 412	00
Rare and Endangered Species Preservation Program	● 403	00	CA Cancer Research Fund	● 413	00
State Children's Trust Fund for the Prevention of Child Abuse	● 404	00	ALS/Lou Gehrig's Disease Research Fund . . .	● 414	00
CA Breast Cancer Research Fund	● 405	00	Child Victims of Human Trafficking Fund	● 419	00
CA Firefighters' Memorial Fund	● 406	00	CA YMCA Youth and Government Fund	● 420	00
Emergency Food For Families Fund	● 407	00	CA Youth Leadership Fund	● 421	00
			School Supplies for Homeless Children Fund . .	● 422	00
			State Parks Protection Fund/Parks Pass Purchase	● 423	00

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**

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** 0.0

Do not attach a voided check or a deposit slip. Have you verified the routing and account numbers? Use whole dollars only.

☐ Checking
☐ Savings

● Routing number ● Type ● Account number ● 29 Direct deposit amount

☐ Checking
☐ Savings

● Routing number ● Type ● Account number ● 30 Direct deposit amount

Sign Here	Your signature	Spouse's/RDP's signature (if filing jointly, both must sign)	Daytime phone number (optional) () -
It is unlawful to forge a	X	X	Date / /

Joint return? See instructions, page 10.	Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)	● PTIN
	Firm's name (or yours if self-employed)	● EFIN

Telephone Number _____