

California Resident Income Tax Return 2013**540 2EZ** C1 Side 1

Your first name	Initial	Last name	Your SSN or ITIN	<input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> RP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
If joint tax return, spouse's/RDP's first name	Initial	Last name	Spouse's/RDP's SSN or ITIN	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Additional information (See instructions)				
<input type="text"/>				
Street address (Number and street or PO Box)		Apt. no/Ste. no.	PMB/Private Mailbox	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
City (If you have a foreign address, see page 6.)		State	ZIP Code	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Foreign Country Name		Foreign Province/County		Foreign Postal Code
<input type="text"/>		<input type="text"/>		<input type="text"/>

Date of Birth	Your DOB (mm/dd/yyyy)	Spouse's/RDP's DOB (mm/dd/yyyy)
	<input type="text"/>	<input type="text"/>

Prior Name	If you filed your 2012 tax return under a different last name, write the last name only from the 2012 tax return.	
	Taxpayer	Spouse/RDP
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

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
<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"/>

Your name:

Your SSN or ITIN:

**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 8,
Dependent Tax Worksheet.
- 18 Senior exemption: See instructions, page 8. If you are 65 and entered 1 in the
box on line 7, enter \$106. If you entered 2 in the box on line 7, enter \$212. ... ● 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
- 22 Total tax withheld (federal Form W-2, box 17
or Form 1099-R, box 12) ● 22 .00
- 23 Overpaid tax. If line 22 is more than line 21, subtract line 21 from line 22. ● 23 .00
- 24 Tax due. If line 22 is less than line 21, subtract line 22 from line 21.
See instructions, page 8. ● 24 .00

Enclose, but do
not staple, any
payment.

**Overpaid
Tax/
Tax Due.**

This space reserved for 2D barcode

Your name:

Your SSN or ITIN:

Use Tax

25

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

Voluntary Contributions

	Code	Amount
California Seniors Special Fund (see page 13)	● 400	<input type="text"/> .00
Alzheimer's Disease/Related Disorders Fund	● 401	<input type="text"/> .00
California Fund for Senior Citizens	● 402	<input type="text"/> .00
Rare and Endangered Species Preservation Program	● 403	<input type="text"/> .00
State Children's Trust Fund for the Prevention of Child Abuse	● 404	<input type="text"/> .00
California Breast Cancer Research Fund	● 405	<input type="text"/> .00
California Firefighters' Memorial Fund	● 406	<input type="text"/> .00
Emergency Food for Families Fund	● 407	<input type="text"/> .00
California Peace Officer Memorial Foundation Fund	● 408	<input type="text"/> .00
California Sea Otter Fund	● 410	<input type="text"/> .00
Municipal Shelter Spay-Neuter Fund	● 412	<input type="text"/> .00
California Cancer Research Fund	● 413	<input type="text"/> .00
Child Victims of Human Trafficking Fund	● 419	<input type="text"/> .00
California YMCA Youth and Government Fund	● 420	<input type="text"/> .00
California Youth Leadership Fund	● 421	<input type="text"/> .00
School Supplies for Homeless Children Fund	● 422	<input type="text"/> .00
State Parks Protection Fund/Parks Pass Purchase	● 423	<input type="text"/> .00
Protect Our Coast and Oceans Fund	● 424	<input type="text"/> .00
Keep Arts in School Fund	● 425	<input type="text"/> .00
American Red Cross, California Chapters Fund	● 426	<input type="text"/> .00
26 Add amounts in code 400 through code 426. These are your total contributions.	● 26	<input type="text"/> .00

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☐ Routing number
 ☐ Checking
 ☐ Account number
 ☒ 29 Direct deposit amount

☒ Routing number
 ☐ Checking
 ☒ Account number
 ☒ **30** Direct deposit amount

X

Telephone Number