

California Resident Income Tax Return 2010

540 2EZ C1 Side 1

| | | | | |
|---|---------|-----------|----------------------------|-------------------------|
| Your first name | Initial | Last name | Your SSN or ITIN | P AC A R RP |
| If joint return, spouse's/RDP's first name | Initial | Last name | Spouse's/RDP's SSN or ITIN | |
| Address (number and street, PO Box, or PMB no.) | | | Apt. no./Ste. no. | |
| City | | | State | ZIP Code |

Date of Birth

Taxpayer (mm/dd/yyyy) ____/____/____
 Spouse/RDP (mm/dd/yyyy) ____/____/____

Prior Name If you filed your 2009 tax return under a different last name, write the last name only from the 2009 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**

| | | |
|---|---|---------------------------|
| Taxable Income and Credits | 9 Total wages (federal Form W-2, box 16). See instructions, page 7 <input type="radio"/> 9 _____ 0.00 | Whole dollars only |
| | 10 Total interest income (Form 1099-INT, box 1). See instructions, page 7 <input type="radio"/> 10 _____ 0.00 | |
| | 11 Total dividend income (Form 1099-DIV, box 1a). See instructions, page 7. . . . <input type="radio"/> 11 _____ 0.00 | |
| | 12 Total pension income _____ See instructions, page 7. Taxable amount. <input type="radio"/> 12 _____ 0.00 | |
| | 13 Total capital gains distributions from mutual funds (Form 1099-DIV, box 2a). See instructions, page 7 <input type="radio"/> 13 _____ 0.00 | |
| | 14 Unemployment compensation <input type="radio"/> 14 _____ 0.00 | |
| | 15 U.S. social security or railroad retirement benefits . <input type="radio"/> 15 _____ 0.00 | |
| | 16 Add line 9, line 10, line 11, line 12, and line 13. Do not include line 14 and line 15. <input type="radio"/> 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. <input type="radio"/> 17 _____ 0.00 | |
| | 18 Senior exemption: See instructions, page 8. 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. . . . <input type="radio"/> 18 _____ 0.00 | |
| | 19 Nonrefundable renter's credit. See instructions, page 8 <input type="radio"/> 19 _____ 0.00 | |
| 20 Credits. Add line 18 and line 19. . . . <input type="radio"/> 20 _____ 0.00 | | |
| 21 Tax. Subtract line 20 from line 17. If zero or less, enter -0-. . . . <input type="radio"/> 21 _____ 0.00 | | |

Enclose, but do not staple, any payment.

Your name: _____ Your SSN or ITIN: _____

| | | | |
|------------------------------|---|------------------|------------|
| 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 10) | 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 |

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

Voluntary Contributions

| | Code | Amount | | Code | Amount |
|--|-------|---------|---|-------|---------|
| CA Seniors Special Fund. See page 11 | ● 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 | CA Cancer Research Fund | ● 413 | _____00 |
| Rare and Endangered Species Preservation Program | ● 403 | _____00 | Arts Council Fund. | ● 415 | _____00 |
| State Children's Trust Fund for the Prevention of Child Abuse. | ● 404 | _____00 | CA Police Activities League (CALPAL) Fund | ● 416 | _____00 |
| CA Breast Cancer Research Fund | ● 405 | _____00 | CA Veterans Homes Fund | ● 417 | _____00 |
| CA Firefighters' Memorial Fund | ● 406 | _____00 | Safely Surrendered Baby Fund | ● 418 | _____00 |
| Emergency Food For Families Fund. | ● 407 | _____00 | | | |

26 Add amounts in code 400 through code 418. 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 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 9. 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 Your signature _____ Spouse's/RDP's signature (if filing jointly, both must sign) _____ Daytime phone number (optional) (_____) _____

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

Your email address (optional). Enter only one email address. _____

Joint return? See instructions, page 10. Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) ● Paid Preparer's PTIN/SSN _____

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)? ● Yes No

Print Third Party Designee's Name _____ Telephone Number _____