

# 2020 California Resident Income Tax Return

## 540 2EZ

Check here if this is an AMENDED return.

Your first name	Initial	Last name	Suffix	Your SSN or ITIN	<input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> RP
If joint tax return, spouse's/RDP's first name	Initial	Last name	Suffix	Spouse's/RDP's SSN or ITIN	
Additional information (see instructions)					
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**

● Your prior name (see instructions)

● Spouse's/RDP's prior name (see instructions)

**Principal Residence**

Enter your county at time of filing (see instructions)

If your address above is the same as your principal/physical residence address at the time of filing, check this box . . .

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.)

Apt. no./ste.no.

City

State

ZIP code

**Filing Status**

If your California filing status is different from your federal filing status, check the box here . . . . .

Check the box for your filing status. Check only one. 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). Enter year spouse/RDP died.

See instructions.

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. . . . .

Your name:

Your SSN or ITIN:

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

Exemptions

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN (see instructions)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

Whole dollars only

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

10 Total interest income (federal Form 1099-INT, box 1). See instructions. . . . . ● 10  .00

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

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 \$124. If you entered 2 in the box on line 7, enter \$248. . . . . ● 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 federal Form 1099-R, box 14). . . . . ● 22  .00

23 Earned Income Tax Credit (EITC). See instructions for FTB 3514. . . . . ● 23  .00

24 Young Child Tax Credit (YCTC). See instructions. . . . . ● 24  .00

25 Total payments. Add line 22, line 23, and line 24. . . . . ● 25  .00

Use Tax

26 Use tax. Do not leave blank. See instructions. . . . . ● 26  .00

If line 26 is zero, check if:  No use tax is owed.  You paid your use tax obligation directly to CDTFA.

ISR Penalty

27 Individual Shared Responsibility (ISR) Penalty. See instructions . . . . . ● 27  .00

●  Full-year health care coverage.

Your name:

Your SSN or ITIN:

Overpaid Tax/Tax Due

- 28 Payments balance. If line 25 is more than line 26, subtract line 26 from line 25.  28  .00
- 29 Use Tax balance. If line 26 is more than line 25, subtract line 25 from line 26.  29  .00
- 30 Payments after Individual Shared Responsibility Penalty. If line 28 is more than line 27, subtract line 27 from line 28.  30  .00
- 31 Individual Shared Responsibility Penalty balance. If line 27 is more than line 28, subtract line 28 from line 27.  31  .00
- 32 Overpaid tax. If line 30 is more than line 21, subtract line 21 from line 30.  32  .00
- 33 Tax due. If line 30 is less than line 21, subtract line 30 from line 21. See instructions.  33  .00

Contributions

Code Amount

- California Seniors Special Fund. See instructions  400  .00
- Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund  401  .00
- Rare and Endangered Species Preservation Voluntary Tax Contribution Program  403  .00
- California Breast Cancer Research Voluntary Tax Contribution Fund  405  .00
- California Firefighters' Memorial Voluntary Tax Contribution Fund  406  .00
- Emergency Food for Families Voluntary Tax Contribution Fund  407  .00
- California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund  408  .00
- California Sea Otter Voluntary Tax Contribution Fund  410  .00
- California Cancer Research Voluntary Tax Contribution Fund  413  .00
- School Supplies for Homeless Children Fund  422  .00
- State Parks Protection Fund/Parks Pass Purchase  423  .00
- Protect Our Coast and Oceans Voluntary Tax Contribution Fund  424  .00
- Keep Arts in Schools Voluntary Tax Contribution Fund  425  .00
- Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund  431  .00
- California Senior Citizen Advocacy Voluntary Tax Contribution Fund  438  .00
- Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund  439  .00
- Rape Kit Backlog Voluntary Tax Contribution Fund  440  .00
- Schools Not Prisons Voluntary Tax Contribution Fund  443  .00
- Suicide Prevention Voluntary Tax Contribution Fund  444  .00
- 34 Add amounts in code 400 through code 444. These are your total contributions.  34  .00

Your name:

Your SSN or ITIN:

Amount You Owe

**35 AMOUNT YOU OWE.** Add line 29, line 31, line 33, and line 34. See instructions. **Do not send cash.**

Mail to: **FRANCHISE TAX BOARD  
PO BOX 942867  
SACRAMENTO CA 94267-0001**

● **35**  .00

Pay online – Go to [ftb.ca.gov/pay](http://ftb.ca.gov/pay) for more information.

Direct Deposit (Refund Only)

**36 REFUND OR NO AMOUNT DUE.** Subtract line 34 from line 32. See instructions.

Mail to: **FRANCHISE TAX BOARD  
PO BOX 942840  
SACRAMENTO CA 94240-0001**

● **36**  .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 36) is authorized for direct deposit into the account shown below:

● Routing number	● Type	● Account number	● <b>37</b> Direct deposit amount
<input type="text"/>	<input type="checkbox"/> Checking	<input type="text"/>	<input type="text"/> .00
	<input type="checkbox"/> Savings		

The remaining amount of my refund (line 36) is authorized for direct deposit into the account shown below:

● Routing number	● Type	● Account number	● <b>38</b> Direct deposit amount
<input type="text"/>	<input type="checkbox"/> Checking	<input type="text"/>	<input type="text"/> .00
	<input type="checkbox"/> Savings		

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to [ftb.ca.gov/forms](http://ftb.ca.gov/forms) and search for **1131**. To request this notice by mail, call 800.852.5711.

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

● Firm's 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