

# California Resident Income Tax Return 2012

## 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 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.

Your name: \_\_\_\_\_ Your SSN or ITIN: \_\_\_\_\_

**Overpaid Tax/ Tax Due**

**21a** Enter the amount from Side 1, line 21 ..... **21a** \_\_\_\_\_ **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 21a, subtract line 21a from line 22 ..... ● **23** \_\_\_\_\_ **00**

**24** Tax due. If line 22 is less than line 21a, subtract line 22 from line 21a. See instructions, page 8 ..... **24** \_\_\_\_\_ **00**

**Use Tax** **25** Use tax. **This is not a total line.** See instructions, page 8 . ● **25** \_\_\_\_\_ **00**

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
<b>26</b> Add amounts in code 400 through code 423. These are your total contributions. . . . .			● <b>26</b> _____ <b>00</b>		

**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** \_\_\_\_\_ **00**

**Direct Deposit (Refund Only)** **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** \_\_\_\_\_ **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 28) is authorized for direct deposit into the account shown below:

Checking  
 Savings  
 ● Routing number      ● Type      ● Account number      ● **29** Direct deposit amount \_\_\_\_\_ **00**

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 \_\_\_\_\_ **00**

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 \_\_\_\_\_

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) \_\_\_\_\_ ● 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 \_\_\_\_\_