TAXABLE YEAR

CALIFORNIA FORM

2015 Head of Household Filing Status Schedule

3532

Att	ach to your California Form 540, Long or Short Form 540NR, or Form 540 2EZ.			
Name(s) as shown on tax return			SSN or ITIN	
Pa	rt I – Marital Status			
1	Check one box below to identify your marital status. See instructions.			
	a Not legally married/RDP during 2015		• 1a	
	b Widow/widower (my spouse/RDP died before 01/01/2015)		• 1b	
	c Marriage/RDP was annulled	٠.	• 1c	
	d Received final decree of divorce, legal separation, dissolution, or termination of marriage/RDP by 12/31/2015		• 1d	
	e Legally married/RDP and did not live with spouse/RDP during 2015		• 1e	
	f Legally married/RDP and lived with spouse/RDP during 2015. List the beginning and ending dates for each period lived together:			
	iived together			
	From: To: From:	_	To:	
— Pa	rt II – Qualifying Person	_		
2	Check one box below to identify the relationship of the person that qualifies you for the head of household filing sta	tus	. See instructions.	
	a Son, daughter, stepson, or stepdaughter		💿 2a	
	b Grandchild, brother, sister, half brother, half sister, stepbrother, stepsister, nephew, or niece		• 2b	
	c Eligible foster child		• 2c	
	d Father, mother, stepfather, or stepmother		• 2d	
	e Grandfather, grandmother, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law, uncle, or aunt		• 2e	
 Pa	rt III – Qualifying Person Information	_		
	Information about your qualifying person. See instructions.			
	First Name	,[
		Г		
	Last Name) 		
	SSN) -		
	DOB (MM/DD/YYYY)	<u>,</u> [
4	Enter qualifying person's gross income in 2015. See instructions.)[
5	Number of days your qualifying person lived with you during 2015. See instructions)		
	When calculating the total number of days your qualifying person lived with you, you may include any days your qualifying person lived with your person lived with			orarily