

2015 California Resident Income Tax Return**540 2EZ**

Your first name	Initial	Last name	Suffix	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"/>	<input type="text"/>	
If joint tax return, spouse's/RDP's first name	Initial	Last name	Suffix	Spouse's/RDP's SSN or ITIN	
<input type="text"/>	<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 instructions.)			State	ZIP code	
<input type="text"/>			<input type="text"/>	<input type="text"/>	
Foreign country name		Foreign province/state/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 2014 tax return under a different last name, write the last name only from the 2014 tax return.	
	Taxpayer	Spouse/RDP
●	<input type="text"/>	●

Filing Status Filing Status. Check the box for your filing status. See instructions.

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.
- 5 ☐ Qualifying widow(er) with dependent child. Enter 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. ● 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 ☐

	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	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your name:

Your SSN or ITIN:

Whole dollars only

**Taxable
Income and
Credits**Enclose, but do
not staple, any
payment.

- 9** Total wages (federal Form W-2, box 16). See instructions. ● **9** .00
- 10** Total interest income (Form 1099-INT, box 1). See instructions. ● **10** .00
- 11** Total dividend income (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 (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 \$109. If you entered 2 in the box on line 7, enter \$218. ● **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 Form 1099-R, box 12). ● **22** .00
- 23** Earned Income Tax Credit (EITC). See instructions for FTB 3514. ● **23** .00
- 24 Total payments.** Add line 22 and line 23 ● **24** .00

Use Tax

- 25** Use tax. **This is not a total line.** See instructions. ● **25** .00

**Overpaid
Tax/
Tax Due.**

- 26** Payments balance. If line 24 is more than line 25, subtract line 25 from line 24. ● **26** .00
- 27 Use Tax balance.** If line 25 is more than line 24, subtract line 24 from line 25. ● **27** .00
- 28** Overpaid tax. If line 26 is more than line 21, subtract line 21 from line 26. ● **28** .00
- 29** Tax due. If line 26 is less than line 21, subtract line 26 from line 21.
See instructions. ● **29** .00

This space reserved for 2D barcode

Your name:

Your SSN or ITIN:

Voluntary Contributions

	Code	Amount
California Seniors Special Fund. See instructions	● 400	<input type="text"/> .00
Alzheimer's Disease/Related Disorders Fund.	● 401	<input type="text"/> .00
Rare and Endangered Species Preservation Program	● 403	<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
California Cancer Research Fund.	● 413	<input type="text"/> .00
Child Victims of Human Trafficking Fund.	● 419	<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 Schools Fund	● 425	<input type="text"/> .00
California Senior Legislature Fund.	● 427	<input type="text"/> .00
Habitat for Humanity Fund.	● 428	<input type="text"/> .00
California Sexual Violence Victim Services Fund.	● 429	<input type="text"/> .00
State Children's Trust Fund for the Prevention of Child Abuse.	● 430	<input type="text"/> .00
Prevention of Animal Homelessness & Cruelty Fund.	● 431	<input type="text"/> .00
30 Add amounts in code 400 through code 431. These are your total contributions.	● 30	<input type="text"/> .00

Your name:

Your SSN or ITIN:

**Amount
You Owe**

31 AMOUNT YOU OWE. Add line 27, line 29, and line 30. See instructions. **Do not send cash.**

Mail to: **FRANCHISE TAX BOARD**

PO BOX 942867

SACRAMENTO CA 94267-0001 ● **31**

Pay online – Go to **ftb.ca.gov** for more information.

**Direct
Deposit
(Refund
Only)**

32 REFUND OR NO AMOUNT DUE. Subtract line 30 from line 28. See instructions.

Mail to: **FRANCHISE TAX BOARD**

PO BOX 942840

SACRAMENTO CA 94240-0001 ● **32**

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 32) is authorized for direct deposit into the account shown below:

● Type			
● Routing number	<input type="checkbox"/> Checking	● Account number	● 33 Direct deposit amount
<input type="text"/>	<input type="checkbox"/> Savings	<input type="text"/>	<input type="text"/>

The remaining amount of my refund (line 32) is authorized for direct deposit into the account shown below:

● Type			
● Routing number	<input type="checkbox"/> Checking	● Account number	● 34 Direct deposit amount
<input type="text"/>	<input type="checkbox"/> Savings	<input type="text"/>	<input type="text"/>

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** and search for **privacy notice**. 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)

**Sign
Here**

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

Joint tax return?
See instructions.

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

Daytime phone number (optional)

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

● 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