TAXABLE YEAR CALIFORNIA FORM

## 2021 Head of Household Filing Status Schedule

3532

| Attach to your California Form 540, For   | m 540NR, or F      | orm 540      | 2EZ.               |                       |                  |                    |              |          |        |
|---|--------------------|--------------|--------------------|-----------------------|------------------|--------------------|--------------|----------|--------|
| Name(s) as shown on tax return  |                    |              |                    |                       |                  | SSN                | l or ITIN    | I        |        |
| Para II Marital Olater  |                    |              |                    |                       |                  |                    |              |          |        |
| Part I Marital Status  1 Check one box below to identify your ma  | arital etatus. See | inetruotio   | ne                 |                       |                  |                    |              |          |        |
| a Not legally married/RDP during 2021   |                    |              |                    |                       |                  |                    |              | 💿        | 1a     |
| <b>b</b> Widow/widower (my spouse/RDP die   |                    |              |                    |                       |                  |                    |              | _        | _      |
| c Marriage/RDP was annulled   |                    |              |                    |                       |                  |                    |              |          | _      |
| <b>d</b> Received final decree of divorce, legal  |                    |              |                    |                       |                  |                    |              |          | _      |
| e Legally married/RDP and did not live  | •                  | ,            |                    | ,                     |                  |                    |              |          | _      |
| f Legally married/RDP and lived with sp   | ·                  | _            |                    |                       |                  |                    |              |          | _      |
| lived together  |                    |              |                    |                       |                  |                    |              |          | _      |
|   | (mm/dd/yyyy)       |              | (mm/dd/yyyy)       |                       | (mm/dd/yyyy      | <u>.</u>           | Г            | (mm/dd   | /yyyy) |
| From: •   |                    | To: •        |                    | From:                 |                  | To                 | ): <b>()</b> |          |        |
| Part II Qualifying Person   |                    |              |                    |                       |                  |                    |              |          |        |
| 2 Check one box below to identify the relat   | tionshin of the n  | erson that   | qualifies you for  | the head of househ    | nold filing stat | us Se              | e instr      | uctions  |        |
| <b>a</b> Son, daughter, stepson, or stepdaugh   |                    |              |                    |                       | _                |                    |              |          | 2a     |
| <b>b</b> Grandchild, brother, sister, half brother  |                    |              |                    |                       |                  |                    |              | _        | _      |
|   |                    |              |                    |                       |                  |                    |              | _        | _      |
| <b>c</b> Eligible foster child  |                    |              |                    |                       |                  |                    |              | _        | 2c _   |
| <b>d</b> Father, mother, stepfather, or stepmot   | ther               |              |                    |                       |                  |                    |              | •        | 2d     |
| e Grandfather, grandmother, son-in-law  |                    |              |                    |                       |                  |                    |              |          | 2e     |
| sister-in-law, uncle, or aunt   |                    |              |                    |                       |                  |                    | • • • • •    | <u> </u> | 26 L   |
| Part III Qualifying Person Informa  |                    |              |                    |                       |                  |                    |              |          |        |
| 3 Information about your qualifying persor  | 1. See instruction | ns.          |                    |                       |                  |                    |              |          |        |
| First Name  |                    |              |                    |                       |                  | ◉╚                 |              |          |        |
| Last Name   |                    |              |                    |                       |                  | <ul><li></li></ul> |              |          |        |
| SSN   |                    |              |                    |                       |                  | led                |              |          |        |
| DOB (mm/dd/yyyy) If your qualifying per   | rson is age 19 oı  | r older in 2 | 2021, go to line 3 | a. If not, go to line | 4                |                    |              |          |        |
| <b>a</b> Was your qualifying person a full tim  | ie student under   | ane 24 in    | 20212              |                       | (                | ● 3a               |              | Yes [    | No     |
|   |                    |              |                    |                       |                  | • 3b               |              | Г        | $\neg$ |
| <b>b</b> Was your qualifying person permanently and totally disabled in 2021?   |                    |              |                    |                       |                  |                    |              | Yes L    | No     |
| 4 Enter qualifying person's gross income in   | n 2021. See inst   | ructions.    |                    |                       |                  | •                  |              |          |        |
| 5 Number of days your qualifying person li  | ived with you du   | ıring 2021   | . See instructions | i                     |                  | •                  |              |          |        |
| When calculating the total number of day absent from your home. For example, illi your qualifying person during the year, e | ness, education,   | business,    | vacation, military |                       |                  |                    |              |          | •      |
|   |                    |              |                    |                       |                  |                    |              |          |        |