

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		
26 Add amounts in code 400 through code 423. These are your total contributions. ● 26				00	

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 _____ **00**

● Routing number ● Type ● Account number ● **29** Direct deposit amount

The remaining amount of my refund (line 28) is authorized for direct deposit into the account shown below:

Checking Savings _____ **00**

● Routing number ● Type ● Account number ● **30** Direct deposit amount

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 _____

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

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 _____