

Form 540 2EZ Specifications

Index/ Field No.	Line/ Box No.	Description	Data Type A = Alpha N = Numeric AN = Alphanumeric X = Checkbox	Length	Value/ Comments	Special Printing Instructions on Substitute Form(s) Blank = Print in associated field
1	Header	Header Version Number	AN	2	T1	
2	Header	CTP ID	N	3		
3	Gov't	Tax Year	N	4	YYYY	
4	Gov't	Form Type	N	6	311	
5	Gov't	Software Developer Version	N	3	001. Increment plus 1 for every every change to barcode.	
6	Gov't	FTB Specification Version	N	3	001. See Header Fields Definitions in Publication 1098, Part II for more information.	
7	Entity	Amended Tax Return	X	1	1= Amended 0= Leave Blank	Follow scannable format printing instructions
8	Entity	Taxpayer's SSN or ITIN (mandatory)	N	9		
9	Entity	If Joint or Separate Tax Return, Spouse's/RDP's SSN (or ITIN) (mandatory)	N	9		
10	Entity	Principal Business Activity Code (PBA) Code	N	6	If the code is less than 6 characters LJ and do not populate with zeros.	Scannable Format
11	Entity	Taxpayer's First Name (mandatory)	A	11		Scannable Format
12	Entity	Taxpayer's Middle Initial	A	1		Scannable Format
13	Entity	Taxpayer's Last Name (mandatory)	A	35	Special characters: space	Scannable Format
14	Entity	Suffix	A	4		Scannable Format
15	Entity	Taxpayer's Date of Death – If deceased, must enter Date of Death, otherwise, leave blank	N	10	MM-DD-YYYY	Scannable Format
16	Entity	If Joint Tax Return, Spouse's/RDP's First Name (mandatory)	A	11		Scannable Format
17	Entity	If Joint Tax Return, Spouse's/RDP's Middle Initial	A	1		Scannable Format
18	Entity	If Joint Tax Return, Spouse's/RDP's Last Name (mandatory)	A	35	Special characters: space	Scannable Format
19	Entity	Suffix	A	4		Scannable Format
20	Entity	Spouse's Date of Death – If deceased, must enter Date of Death, otherwise, leave blank	N	10	MM-DD-YYYY	Scannable Format
21	Entity	Additional Information – for In-Care-Of Name or Supplemental Address Information	AN	35	Special chars: space /	Scannable Format
22	Entity	Executor/Guardian	AN	35	Special chars: space/ –	Scannable Format
23	Entity	Street Address/PO Box (mandatory)	AN	35	Special chars: space/ –	Scannable Format
24	Entity	APT, STE, SP, RM, FL, BLDG & UN Number or Letter	AN	5	No symbols	Scannable Format
25	Entity	Private mailbox (PMB) Number or Letter	AN	6	Alphanumeric, LJ	Scannable Format

2D SPECIFICATIONS FOR FORM 540 2EZ

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26	Entity	ARRP Area	AN	5	D = Taxpayer deceased C = Spouse/RDP deceased E=IRC 965 O = Outside the USA U = Military 9 = Disaster	Scannable Format
27	Entity	City (Mandatory)	AN	17	Include U.S. or Foreign city Special chars: space -	Scannable Format
28	Entity	State	A	2	Use Standard Abbreviations in Pub. 1098, Part I. If foreign address, leave blank.	Scannable Format
29	Entity	ZIP Code	N	10	Special Characters: space -, If foreign address, leave blank.	Scannable Format
30	Entity	If Foreign Country Name	AN	19	Special chars: space. 2-character Country Abbreviation may be used.	Scannable Format
31	Entity	If Foreign Province/State/Country	AN	17	Special chars: -	Scannable Format
32	Entity	If Foreign Postal Code	AN	16	Special chars: -	Scannable Format
33	Entity	Taxpayer's Date of Birth	N	10	MM-DD-YYYY	Scannable Format
34	Entity	If Joint or Separate Tax Return, Spouse's/RDP's Date of Birth	N	10	MM-DD-YYYY	Scannable Format
35	Entity	Taxpayer's Prior Name (if applicable)	A	17	Last Name only, or leave blank.	Scannable Format
36	Entity	If Joint Tax Return, Spouse's/RDP's Prior Name (if applicable)	A	17	Last Name only, or leave blank.	Scannable Format
37	1,2,4,5	Filing Status:	N	1	1 = Single 2 = Married/RDP filing jointly 4 = Head of household 5 = Qualifying widow(er)	Print: Check Mark
38	6	Claimed as Dependent Check Box	X	1	Upper X = marked check box Blank = unmarked check box	Print: Check Mark
39	7	Senior No	N	1		
40	8	Number of Dependents Quantity	N	1		
41	8	1Dependent First Name	A	11		
42	8	1Dependent Last Name	A	17		
43	8	1Dependent SSN	AN	9		
44	8	1Dependent Relationship	A	26		

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45	8	2Dependent First Name	A	11		
46	8	2Dependent Last Name	A	17		
47	8	2Dependent SSN	AN	9		
48	8	2Dependent Relationship	A	12		
49	8	3Dependent First Name	A	11		
50	8	3Dependent Last Name	A	17		
51	8	3Dependent SSN	AN	9		
52	8	3Dependent Relationship	A	12		
53	9	Wages	N	15		
54	10	Total Interest Income Form 1099-INT, Box 1	N	15		
55	11	Total dividend income Form 1099-DIV, Box 1a	N	15		
56	12	Taxable Amount	N	15		
57	13	Total capital gains distributions from mutual funds Form 1099-DIV, Box 2a	N	15		
58	16	Add lines 9-13	N	15		
59	17	Tax from 2EZ Table	N	15		
60	18	Senior Exemption	N	15		
61	19	Nonrefundable Renter's Credit	N	15		
62	21	Tax – Amount	N	15		
63	22	Total tax withheld, federal Form W-2, box 17 or Form 1099-R, box 12	N	15		
64	23	Earned Income Tax Credit (EITC). See instructions for FTB 3514	N	15		
65	24	Total payments. Add line 22 and line 23	N	15		
66	25	Use Tax – Amount	N	15		
67	26	Payments balance	N	15		
68	27	Use tax balance	N	15		
69	28	Overpaid tax	N	15		
70	29	Tax due	N	15		
71	400	California Seniors Special Fund amount	N	15		
72	401	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	N	15		
73	403	Rare and Endangered Species Preservation Voluntary Tax Contribution Program amount	N	15		
74	405	California Breast Cancer Research Fund Voluntary Tax Contribution amount	N	15		
75	406	California Firefighter's Memorial Fund amount	N	15		
76	407	Emergency Food for Families Voluntary Tax Contribution Fund amount	N	15		
77	408	California Peace Officer Memorial Foundation Fund amount	N	15		
78	410	California Sea Otter Fund amount	N	15		
79	413	California Cancer Research Voluntary Tax Contribution Fund amount	N	15		

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80	422	School Supplies for Homeless Children Fund amount	N	15		
81	423	State Parks Protection Fund/Parks Pass Purchase amount	N	15		
82	424	Protect our Coast and Oceans Voluntary Tax Contribution Fund amount	N	15		
83	425	Keep Arts in Schools Voluntary Tax Contribution Fund amount	N	15		
84	430	State Children's Trust Fund for the Prevention of Child Abuse Fund amount	N	15		
85	431	Prevention of Animal Homelessness & Cruelty Fund amount	N	15		
86	432	Revive the Salton Sea Fund	N	15		
87	433	California Domestic Violence Victims Fund	N	15		
88	434	Special Olympics Fund	N	15		
89	435	Type 1 Diabetes Research Fund	N	15		
90	436	California YMCA and Government Voluntary Tax Contribution Fund	N	15		
91	437	Habitat for Humanity Voluntary Tax Contribution Fund	N	15		
92	438	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	N	15		
93	439	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	N	15		
94	440	Rape Backlog Kit Voluntary Tax Contribution Fund	N	15		
95	441	Organ and Tissue Donor Registry Voluntary Tax Contribution	N	15		
96	442	National Alliance on Mental Illness California Voluntary Tax Contribution Fund	N	15		
97	443	Schools Not Prisons Voluntary Tax Contribution Fund	N	15		
98	30	Total Contributions	N	15		
99	31	Amount You Owe	N	15		
100	32	Refund Amount	N	15		
101		1Routing Number	N	9		
102		1Checking Check Box	X	1	Upper X = marked check box Blank = unmarked check box	Print: Check Mark
103		1Savings Check Box	X	1	Upper X = marked check box Blank = unmarked check box	Print: Check Mark
104		1Account Number	AN	17		
105	33	1Direct Deposit Amount	N	6		

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Index/ Field No.	Line/ Box No.	Description	Data Type A = Alpha N = Numeric AN = Alphanumeric X = Checkbox	Length	Value/ Comments	Special Printing Instructions on Substitute Form(s) Blank = Print in associated field
106		2Routing Number	N	9		
107		2Checking Check Box	X	1	Upper X = marked check box Blank = unmarked check box	Print: Check Mark
108		2Savings Check Box	X	1	Upper X = marked check box Blank = unmarked check box	Print: Check Mark
109		2Account Number	AN	17		
110	34	2Direct Deposit Amount	N	6		
111		Email Address	AN	75	Allow blanks Special chars: Allow All	
112		Preferred Phone Number	N	14	Special chars: space - ()	
113		Paid Preparer Signature	X	1	Upper X = Yes-Paid preparer completed return	Print: Leave blank
114		PTIN	AN	9		
115		Firm's FEIN	N	9		
116		Yes-Discuss Return Check Box	X	1	Upper X = marked check box Blank = unmarked check box	Print: Check Mark
117		No-Discuss Return Check Box	X	1	Upper X = marked check box Blank = unmarked check box	Print: Check Mark
118		END OF FILE	AN	5	*EOD*	

TAXABLE YEAR

FORM

2018 California Resident Income Tax Return

540 2EZ

7-36

If your California filing status is different from your federal filing status, check the box here

Input box for filing status difference

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

37

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). Enter year spouse/RDP died.
See instructions.

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.
7 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2
8 Dependents: (Do not include yourself or your spouse/RDP) Enter number of dependents here.

38

39

40

Table with 3 columns: Dependent 1, Dependent 2, Dependent 3. Rows include First Name, Last Name, SSN, and Dependent's relationship to you.

Form 540 2EZ Record Layout



Your name: []

Your SSN or ITIN: []

Whole dollars only

Taxable Income and Credits

- 9 Total wages (federal Form W-2, box 16). See instructions. ● 9 [53] .00
- 10 Total interest income (Form 1099-INT, box 1). See instructions. ● 10 [54] .00
- 11 Total dividend income (Form 1099-DIV, box 1a). See instructions. ● 11 [55] .00
- 12 Total pension income [] See instructions. Taxable amount. ● 12 [56] .00
- 13 Total capital gains distributions from mutual funds (Form 1099-DIV, box 2a). See instructions.. . . . ● 13 [57] .00
- 16 Add line 9, line 10, line 11, line 12, and line 13. ● 16 [58] .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 [59] .00
- 18 Senior exemption: See instructions. If you are 65 or older and entered 1 in the box on line 7, enter \$118. If you entered 2 in the box on line 7, enter \$236. . . . ● 18 [60] .00
- 19 Nonrefundable renter's credit. See instructions. ● 19 [61] .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 [62] .00
- 22 Total tax withheld (federal Form W-2, box 17 or Form 1099-R, box 12). ● 22 [63] .00
- 23 Earned Income Tax Credit (EITC). See instructions for FTB 3514. ● 23 [64] .00
- 24 Total payments. Add line 22 and line 23. ● 24 [65] .00

Enclose, but do not staple, any payment.

Use Tax

- 25 Use tax. Do not leave blank. See instructions. ● 25 [66] .00
- If line 25 is zero, check if: No use tax is owed.
- You paid your use tax obligation directly to CDTFA.

Overpaid Tax/Tax Due.

- 26 Payments balance. If line 24 is more than line 25, subtract line 25 from line 24. . . ● 26 [67] .00
- 27 Use Tax balance. If line 25 is more than line 24, subtract line 24 from line 25. . . ● 27 [68] .00
- 28 Overpaid tax. If line 26 is more than line 21, subtract line 21 from line 26. ● 28 [69] .00
- 29 Tax due. If line 26 is less than line 21, subtract line 26 from line 21. See instructions. ● 29 [70] .00

This space reserved for 2D barcode

Form 540 2EZ Record Layout

Your name:

Your SSN or ITIN:

Voluntary Contributions

	Code	Amount
California Seniors Special Fund. See instructions	● 400	<input type="text" value="71"/> .00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	● 401	<input type="text" value="72"/> .00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	● 403	<input type="text" value="73"/> .00
California Breast Cancer Research Voluntary Tax Contribution Fund	● 405	<input type="text" value="74"/> .00
California Firefighters' Memorial Fund	● 406	<input type="text" value="75"/> .00
Emergency Food for Families Voluntary Tax Contribution Fund	● 407	<input type="text" value="76"/> .00
California Peace Officer Memorial Foundation Fund	● 408	<input type="text" value="77"/> .00
California Sea Otter Fund	● 410	<input type="text" value="78"/> .00
California Cancer Research Voluntary Tax Contribution Fund	● 413	<input type="text" value="79"/> .00
School Supplies for Homeless Children Fund	● 422	<input type="text" value="80"/> .00
State Parks Protection Fund/Parks Pass Purchase	● 423	<input type="text" value="81"/> .00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	● 424	<input type="text" value="82"/> .00
Keep Arts in Schools Voluntary Tax Contribution Fund	● 425	<input type="text" value="83"/> .00
State Children's Trust Fund for the Prevention of Child Abuse	● 430	<input type="text" value="84"/> .00
Prevention of Animal Homelessness and Cruelty Fund	● 431	<input type="text" value="85"/> .00
Revive the Salton Sea Fund	● 432	<input type="text" value="86"/> .00
California Domestic Violence Victims Fund	● 433	<input type="text" value="87"/> .00
Special Olympics Fund	● 434	<input type="text" value="88"/> .00
Type 1 Diabetes Research Fund	● 435	<input type="text" value="89"/> .00
California YMCA Youth and Government Voluntary Tax Contribution Fund	● 436	<input type="text" value="90"/> .00
Habitat for Humanity Voluntary Tax Contribution Fund	● 437	<input type="text" value="91"/> .00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	● 438	<input type="text" value="92"/> .00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	● 439	<input type="text" value="93"/> .00
Rape Backlog Kit Voluntary Tax Contribution Fund	● 440	<input type="text" value="94"/> .00
Organ and Tissue Donor Registry Voluntary Tax Contribution Fund	● 441	<input type="text" value="95"/> .00
National Alliance on Mental Illness California Voluntary Tax Contribution Fund	● 442	<input type="text" value="96"/> .00
Schools Not Prisons Voluntary Tax Contribution Fund	● 443	<input type="text" value="97"/> .00
30 Add amounts in code 400 through code 443. These are your total contributions.	● 30	<input type="text" value="98"/> .00

Form 540 2EZ Record Layout

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

[99] .00

Pay online - Go to ftb.ca.gov/pay 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

[100] .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 32) is authorized for direct deposit into the account shown below:

Form with fields for routing number (101, 103), type (Checking, Savings), account number (102, 104), and direct deposit amount (105).

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

Form with fields for routing number (106, 108), type (Checking, Savings), account number (107, 109), and direct deposit amount (110).

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/forms and search for 1131. 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.

Signature and date fields for taxpayer and spouse/RDP.

Sign Here

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

Joint tax return? See instructions.

Fields for email address (111) and preferred phone number (112).

Field for paid preparer's signature (113).

Fields for firm's name (or yours, if self-employed) and PTIN (114).

Fields for firm's address and firm's FEIN (115).

Fields for allowing another person to discuss the tax return (116 Yes, 117 No).

Fields for printing Third Party Designee's Name and Telephone Number.

540 2EZ BARCODE PLACEMENT

Form 540 2EZ Barcode Placement Side 2 Specifications

Comments: Use Courier 12-point font for CTP ID and Doc. ID (print line 63).

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
1-3	Blank lines	–	–	–	–
4	Anchor Mark	59	2	60	Anchor mark, Conventional form size/style
5-53	Blank lines	–	–	–	–
54-60	“2D BARCODE”	7	73	79	Conventional form size/style
61	Blank line	–	–	–	–
62-63	Bottom Registration Mark, Anchor Mark, and conventional form	–	–	–	End of bottom registration mark, anchor mark and conventional form size/style
63	CTP ID (mandatory)	32	3	34	Numeric
63	Doc. ID (mandatory)	40	7	46	Numeric, “3112184” (Side 2)
63	Survey ID	53	1	53	Paper Filing Survey Code Vendor specific print reason codes, numeric, 1,”2”, “3”, “4”, “5”, “6”, or blank

