

2018 California Resident Income Tax Return

540 2EZ

Check here if this is an AMENDED return.

Personal information fields including name, SSN, address, and foreign information.

Date of Birth fields for taxpayer and spouse/RDP.

Prior Name fields for taxpayer and spouse/RDP.

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

Filing Status section with options 1-5 and instructions.

Exemptions section with options 6, 7, and 8.

Dependent information table with columns for Dependent 1, 2, and 3.

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 .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 \$118. If you entered 2 in the box on line 7, enter \$236. . . . . ● 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

Enclose, but do not staple, any payment.

**Use Tax**

25 **Use tax.** Do not leave blank. See instructions. . . . . ● 25 .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 .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**

	<b>Code</b>	<b>Amount</b>
California Seniors Special Fund. See instructions . . . . .	● 400	<input type="text"/> .00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund . . . . .	● 401	<input type="text"/> .00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program . . . . .	● 403	<input type="text"/> .00
California Breast Cancer Research Voluntary Tax Contribution Fund . . . . .	● 405	<input type="text"/> .00
California Firefighters' Memorial Fund . . . . .	● 406	<input type="text"/> .00
Emergency Food for Families Voluntary Tax Contribution 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 Voluntary Tax Contribution Fund . . . . .	● 413	<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 Voluntary Tax Contribution Fund . . . . .	● 424	<input type="text"/> .00
Keep Arts in Schools Voluntary Tax Contribution Fund . . . . .	● 425	<input type="text"/> .00
State Children's Trust Fund for the Prevention of Child Abuse . . . . .	● 430	<input type="text"/> .00
Prevention of Animal Homelessness and Cruelty Fund . . . . .	● 431	<input type="text"/> .00
Revive the Salton Sea Fund . . . . .	● 432	<input type="text"/> .00
California Domestic Violence Victims Fund . . . . .	● 433	<input type="text"/> .00
Special Olympics Fund . . . . .	● 434	<input type="text"/> .00
Type 1 Diabetes Research Fund . . . . .	● 435	<input type="text"/> .00
California YMCA Youth and Government Voluntary Tax Contribution Fund . . . . .	● 436	<input type="text"/> .00
Habitat for Humanity Voluntary Tax Contribution Fund . . . . .	● 437	<input type="text"/> .00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund . . . . .	● 438	<input type="text"/> .00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund . . . . .	● 439	<input type="text"/> .00
Rape Backlog Kit Voluntary Tax Contribution Fund . . . . .	● 440	<input type="text"/> .00
Organ and Tissue Donor Registry Voluntary Tax Contribution Fund . . . . .	● 441	<input type="text"/> .00
National Alliance on Mental Illness California Voluntary Tax Contribution Fund . . . . .	● 442	<input type="text"/> .00
Schools Not Prisons Voluntary Tax Contribution Fund . . . . .	● 443	<input type="text"/> .00
<b>30</b> Add amounts in code 400 through code 443. These are your total contributions . . . . .	● <b>30</b>	<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**

.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**..... ● **32**

.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:

● Type  Checking ● Account number  ● **33** Direct deposit amount .00

● Routing number   Savings

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

● Type  Checking ● Account number  ● **34** Direct deposit amount .00

● Routing number   Savings

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.

Your signature

Date

Spouse's/RDP's signature (if a joint tax return, both must sign)

**X**

**X**

Your email address. Enter only one email address.

Preferred phone number

**Sign Here**

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

Joint tax return? See instructions.

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