

Alternative Identifying Information for the Dependent Exemption Credit

3568

Attach to your California Form 540, Form 540 2EZ, or Form 540NR.

Name(s) as shown on tax return

Your SSN or ITIN

Part I Qualifying Information (See instructions.)

- 1** Dependent's relationship to you..... **1** _____
- 2 a** Was the dependent a resident of Mexico or Canada for the taxable year that you are requesting to claim the dependent exemption credit? (If yes, go to question 2b. If no, stop here, you do not qualify to use this form, and you must use a federal ITIN or SSN when claiming the dependent exemption credit.)..... **2a** Yes No
- b** Is the dependent eligible to receive or renew a federal ITIN or SSN? (If no, go to Part II. If yes, stop here, you do not qualify to use this form, and you must use an ITIN or SSN when claiming the dependent exemption credit.)... **2b** Yes No

Part II Dependent Information (See instructions.)

3 Identifiable information

First name <input checked="" type="radio"/>	Middle name <input checked="" type="radio"/>	Last name <input checked="" type="radio"/>	Suffix <input checked="" type="radio"/>
Date of birth (DOB) (mm/dd/yyyy) <input checked="" type="radio"/>	Check the box <input checked="" type="radio"/> Male <input type="checkbox"/> Female		
Country of birth <input checked="" type="radio"/>	City (optional) <input checked="" type="radio"/>	State (optional) <input checked="" type="radio"/>	Province (optional) <input checked="" type="radio"/>

4 Name at birth if different from line 3

First name <input checked="" type="radio"/>	Middle name <input checked="" type="radio"/>	Last name <input checked="" type="radio"/>	Suffix <input checked="" type="radio"/>
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5 U.S. mailing address

Street address (number and street) or PO box <input checked="" type="radio"/>	Apt. no./ste. no. <input checked="" type="radio"/>	PMB/private mailbox <input checked="" type="radio"/>
City <input checked="" type="radio"/>	State <input checked="" type="radio"/>	ZIP code <input checked="" type="radio"/>

6 Foreign address

Street address (number and street) <input checked="" type="radio"/>	Apt. no./ste. no. <input checked="" type="radio"/>
City <input checked="" type="radio"/>	
Foreign country name. Enter only Mexico or Canada. <input checked="" type="radio"/>	Foreign province/state/country <input checked="" type="radio"/>
	Foreign postal code <input checked="" type="radio"/>

7 Other information

Country(ies) of citizenship <input checked="" type="radio"/>	Foreign tax I.D. number <input checked="" type="radio"/>
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Identification document(s) submitted (see instructions)

- (1) Passport (2) Driver's license/state I.D. (3) Birth certificate (4) USCIS documentation (5) Other

Issued by <input checked="" type="radio"/>	Identification number on document(s) <input checked="" type="radio"/>	Expiration date (mm/dd/yyyy) <input checked="" type="radio"/>
Name of school/college/university/company <input checked="" type="radio"/>	City <input checked="" type="radio"/>	State <input checked="" type="radio"/>

Sign Here

Keep a copy for your records

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

Under penalties of perjury, I declare that I have examined this form, including accompanying documents and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature X	Date
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