

2024 California Resident Income Tax Return

540 2EZ

Check here if this is an AMENDED return.

Your first name	Initial	Last name	Suffix	Your SSN or ITIN	<input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> RP
If joint tax return, spouse's/RDP's first name	Initial	Last name	Suffix	Spouse's/RDP's SSN or ITIN	
Additional information (see instructions)					
Street address (number and street) or PO box			Apt. no./ste. no.	PMB/private mailbox	
City (If you have a foreign address, see instructions)			State	ZIP code	
Foreign country name	Foreign province/state/country		Foreign postal code		

Date of Birth

• Your DOB (mm/dd/yyyy)

• Spouse's/RDP's DOB (mm/dd/yyyy)

Prior Name

• Your prior name (see instructions)

• Spouse's/RDP's prior name (see instructions)

Principal Residence

Enter your county at time of filing (see instructions)

If your address above is the same as your principal/physical residence address at the time of filing, check this box . . .

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.)

Apt. no./ste.no.

City

State

ZIP code

Filing Status

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

Check the box for your filing status. Check only one. See instructions.

1 Single

2 Married/RDP filing jointly (even if only one spouse/RDP had income)

4 Head of household. **STOP!** See instructions.

5 Qualifying surviving spouse/RDP. Enter year spouse/RDP died.

See instructions.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instructions

Your name:

Your SSN or ITIN:

7 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions . . . ● 7

8 Dependents: (Do not include yourself or your spouse/RDP) Enter number of dependents here. ● 8

Exemptions

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN (see instructions)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

Whole dollars only

9 Total wages (federal Form W-2, box 16). See instructions. ● 9 .00

10 Total interest income (federal Form 1099-INT, box 1). See instructions. ● 10 .00

11 Total dividend income (federal 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 (federal 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 \$149. If you entered 2 in the box on line 7, enter \$298. ● 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 federal Form 1099-R, box 14). ● 22 .00

23 a Earned Income Tax Credit (EITC). See instructions. ● 23a .00

b Young Child Tax Credit (YCTC). See instructions. ● 23b .00

c Foster Youth Tax Credit (FYTC). See instructions. ● 23c .00

25 Total payments. Add line 22, line 23a, line 23b, and line 23c. ● 25 .00

Taxable Income and Credits

Use Tax

26 Use tax. Do not leave blank. See instructions. ● 26 .00

If line 26 is zero, check if: No use tax is owed. You paid your use tax obligation directly to CDTFA.

Your name:

Your SSN or ITIN:

ISR Penalty	27 If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage. <input type="checkbox"/>		
	If you did not check the box, see instructions. Individual Shared Responsibility (ISR) Penalty. See instructions ● 27	<input type="text"/>	.00
Overpaid Tax/Tax Due	28 Payments balance. If line 25 is more than line 26, subtract line 26 from line 25. . . . ● 28	<input type="text"/>	.00
	29 Use Tax balance. If line 26 is more than line 25, subtract line 25 from line 26. . . . ● 29	<input type="text"/>	.00
	30 Payments after Individual Shared Responsibility Penalty. If line 28 is more than line 27, subtract line 27 from line 28. ● 30	<input type="text"/>	.00
	31 Individual Shared Responsibility Penalty balance. If line 27 is more than line 28, subtract line 28 from line 27. ● 31	<input type="text"/>	.00
	32 Overpaid tax. If line 30 is more than line 21, subtract line 21 from line 30. . . . ● 32	<input type="text"/>	.00
	33 Tax due. If line 30 is less than line 21, subtract line 30 from line 21. See instructions. ● 33	<input type="text"/>	.00

	Code	Amount
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 Voluntary Tax Contribution Fund ● 406		<input type="text"/> .00
Emergency Food for Families Voluntary Tax Contribution Fund ● 407		<input type="text"/> .00
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund . . . ● 408		<input type="text"/> .00
California Sea Otter Voluntary Tax Contribution Fund ● 410		<input type="text"/> .00
California Cancer Research Voluntary Tax Contribution Fund ● 413		<input type="text"/> .00
School Supplies for Homeless Children Voluntary Tax Contribution 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
→ 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

Contributions

Advance Draft 09/25/24



Your name:

Your SSN or ITIN:

Contributions	Mental Health Crisis Prevention Voluntary Tax Contribution Fund ●445	<input type="text"/>	<input type="text"/>	.00
	California ALS Research Network Voluntary Tax Contribution Fund ●447	<input type="text"/>	<input type="text"/>	.00
	34 Add amounts in code 400 through code 447. This is your total contribution ● 34	<input type="text"/>	<input type="text"/>	.00

35 AMOUNT YOU OWE. Add line 29, line 31, line 33, and line 34. See instructions. **Do not send cash.**
 Mail to: **FRANCHISE TAX BOARD**
PO BOX 942867
SACRAMENTO CA 94267-0001 ● **35** .00
 Pay online – Go to ftb.ca.gov/pay for more information.

36 REFUND OR NO AMOUNT DUE. Subtract line 34 from line 32. See instructions.
 Mail to: **FRANCHISE TAX BOARD**
PO BOX 942840
SACRAMENTO CA 94240-0001 ● **36** .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 36) is authorized for direct deposit into the account shown below:

● Routing number ● Type Checking Savings ● Account number ● **37** Direct deposit amount .00

The remaining amount of my refund (line 36) is authorized for direct deposit into the account shown below:

● Routing number ● Type Checking Savings ● Account number ● **38** Direct deposit amount .00

Voter Info. For voter registration information, check the box and go to sos.ca.gov/elections. See instructions

Health Care Coverage Info. Do you want information on no-cost or low-cost health care coverage?
 By checking the “Yes” box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions Yes No

Sign Your Tax Return on Side 5

Your name:

Your SSN or ITIN:

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, 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)

Sign Here

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

Joint tax return? See instructions.

Your email address. Enter only one email address.

Preferred phone number

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

Firm's 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

Advance Draft
as of 09/25/24