TAXABLE YEAR

FORM

2019 California Resident Income Tax Return 540 2EZ

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 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. . . . . ● **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** ☐

	Dependent 1	Dependent 2	Dependent 3
First Name	◉	◉	◉
Last Name	◉	◉	◉
SSN	●	●	●
Dependent's relationship to you	◉	◉	◉

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 (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 $122. If you entered 2 in the box on line 7, enter $244.	**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 12).	**22**	.00
23	Earned Income Tax Credit (EITC). See instructions for FTB 3514.	**23**	.00
24	Young Child Tax Credit (YCTC). See instructions.	**24**	.00
25	**Total payments.** Add line 22, line 23, and line 24.	**25**	.00

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.

Overpaid Tax/Tax Due

27	Payments balance. If line 25 is more than line 26, subtract line 26 from line 25.	**27**	.00
28	**Use Tax balance.** If line 26 is more than line 25, subtract line 25 from line 26.	**28**	.00
29	Overpaid tax. If line 27 is more than line 21, subtract line 21 from line 27.	**29**	.00
30	Tax due. If line 27 is less than line 21, subtract line 27 from line 21. See instructions.	**30**	.00

Your name: _____ Your SSN or ITIN: _____

Contributions

		Code	Amount
	California Seniors Special Fund. See instructions	400	.00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	401	.00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	403	.00
	California Breast Cancer Research Voluntary Tax Contribution Fund	405	.00
	California Firefighters' Memorial Fund	406	.00
	Emergency Food for Families Voluntary Tax Contribution Fund	407	.00
	California Peace Officer Memorial Foundation Fund	408	.00
	California Sea Otter Fund	410	.00
	California Cancer Research Voluntary Tax Contribution Fund	413	.00
	School Supplies for Homeless Children Fund	422	.00
	State Parks Protection Fund/Parks Pass Purchase	423	.00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	424	.00
	Keep Arts in Schools Voluntary Tax Contribution Fund	425	.00
	Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	431	.00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	438	.00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	439	.00
	Rape Kit Backlog Voluntary Tax Contribution Fund	440	.00
	Organ and Tissue Donor Registry Voluntary Tax Contribution Fund	441	.00
	National Alliance on Mental Illness California Voluntary Tax Contribution Fund	442	.00
	Schools Not Prisons Voluntary Tax Contribution Fund	443	.00
	Suicide Prevention Voluntary Tax Contribution Fund	444	.00
31	Add amounts in code 400 through code 444. These are your total contributions.	31	.00

Your name: Your SSN or ITIN:

Amount You Owe

32 AMOUNT YOU OWE. Add line 28, line 30, and line 31. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD**
PO BOX 942867
SACRAMENTO CA 94267-0001 . . . . . ● **32** .00

Pay online – Go to **ftb.ca.gov/pay** for more information.

33 REFUND OR NO AMOUNT DUE. Subtract line 31 from line 29. See instructions.
Mail to: **FRANCHISE TAX BOARD**
PO BOX 942840
SACRAMENTO CA 94240-0001 . . . . . ● **33** .00

Direct Deposit (Refund Only)

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 33) is authorized for direct deposit into the account shown below:

● Routing number | ● Type ☐ Checking ☐ Savings | ● Account number | ● **34** Direct deposit amount .00

The remaining amount of my refund (line 33) is authorized for direct deposit into the account shown below:

● Routing number | ● Type ☐ Checking ☐ Savings | ● Account number | ● **35** Direct deposit amount .00

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: **X** | Date | Spouse's/RDP's signature (if a joint tax return, both must sign): **X**

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