

# California Resident Income Tax Return 2007

## 540 2EZ C1 Side 1

**Place label here or print** →

Your first name	Initial	Last name		
If joint return, spouse's/RDP's first name	Initial	Last name		
Address (including number and street, PO Box, or PMB no.)			Apt. no./Ste. no.	
City			State	ZIP Code

**SSN or ITIN**

Your SSN or ITIN	Spouse's/RDP's SSN or ITIN	<b>IMPORTANT:</b> Your SSN or ITIN is required.

**Prior Name** If you filed your 2006 tax return under a different last name, write the last name only from the 2006 tax return.  
 Taxpayer \_\_\_\_\_  Spouse/RDP \_\_\_\_\_

**Filing Status** **Filing Status.** Fill in the circle for your filing status. See instructions, page 6.  
 Fill in only one.  
 1  Single  
 2  Married/RDP filing jointly (even if only one spouse/RDP had income)  
 4  Head of household. STOP! See instructions, page 6.  
 5  Qualifying widow(er) with dependent child. Year spouse/RDP died \_\_\_\_\_ .  
 If your California filing status is different from your federal filing status, fill in the circle here . . . . .

**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, page 6 . . . . .  **6**  
 7 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 . . . . .  **7**  
**Dependent Exemptions** 8 Number of dependents. Enter name and relationship (**Do not include yourself or your spouse/RDP**). . . . .  **8**

**Taxable Income and Credits**

9 Total wages (federal Form W-2, box 16 or CA Sch W-2, line 3). See instructions, page 7 . . . . .  **9** \_\_\_\_\_ Whole dollars only

10 Total interest income (Form 1099-INT, box 1). See instructions, page 7 . . . . .  **10** \_\_\_\_\_

11 Total dividend income (Form 1099-DIV, box 1). See instructions, page 7 . . . . .  **11** \_\_\_\_\_

12 Total pensions \_\_\_\_\_ See instructions, page 7. Taxable amount. . . . .  **12** \_\_\_\_\_

13 Total capital gains distributions from mutual funds (Form 1099-DIV, box 2a). See instructions, page 7 . . . . .  **13** \_\_\_\_\_

14 Unemployment compensation . . . . .  **14** \_\_\_\_\_

15 U.S. social security or railroad retirement . . . . .  **15** \_\_\_\_\_

16 Add line 9, line 10, line 11, line 12, and line 13. **Do not include line 14 and line 15.** . . . . .  **16** \_\_\_\_\_

17 Using the 2EZ Table for your filing status, enter the tax for the amount on line 16. **Caution:** If you filled in the circle on line 6, **STOP**. See instructions, page 7, Dependent Tax Worksheet. **17** \_\_\_\_\_

18 Senior Exemption: See instructions, page 7. If you are 65 and entered 1 in the box on line 7, enter \$94. If you entered 2 in the box on line 7, enter \$188. . . . .  **18** \_\_\_\_\_

19 Nonrefundable renter's credit. See instructions, page 7 . . . . .  **19** \_\_\_\_\_

20 **Credits.** Add line 18 and line 19. . . . .  **20** \_\_\_\_\_

21 **Tax.** Subtract line 20 from line 17. If zero or less, enter -0- . . . . .  **21** \_\_\_\_\_

Enclose, but do not staple, any payment.

Attach a copy of your Form(s) W-2 or complete CA Sch W-2.

Your name: \_\_\_\_\_ Your SSN or ITIN: \_\_\_\_\_

**Overpaid Tax/ Tax Due**

**22** Total tax withheld (federal Form W-2, box 17 or CA Sch W-2, box 17 and/or Form 1099-R, box 10) ..... ● **22** \_\_\_\_\_ 0.0

**23** Overpaid tax. If line 22 is more than line 21, subtract line 21 from line 22. .... ● **23** \_\_\_\_\_ 0.0

**24** Tax due. If line 22 is less than line 21, subtract line 22 from line 21. See instructions, page 8. .... **24** \_\_\_\_\_ 0.0

**Use Tax**

**25** Use tax. **This is not a total line.** See instructions, page 8. .... ● **25** \_\_\_\_\_ 0.0

Voluntary Contributions	Code	Amount
California Seniors Special Fund. See instructions, page 11	● 50	00
Alzheimer's Disease/Related Disorders Fund	● 51	00
California Fund for Senior Citizens	● 52	00
Rare and Endangered Species Preservation Program	● 53	00
State Children's Trust Fund for the Prevention of Child Abuse	● 54	00
California Breast Cancer Research Fund	● 55	00
California Firefighters' Memorial Fund	● 56	00
Emergency Food Assistance Program Fund	● 57	00
California Peace Officer Memorial Foundation Fund	● 58	00
California Military Family Relief Fund	● 59	00
California Sea Otter Fund	● 60	00
<b>26</b> Add line 50 through line 60. These are your total contributions	● <b>26</b>	0.0

**Amount You Owe**

**27 AMOUNT YOU OWE.** Add line 24, line 25, and line 26. If line 23 is less than line 25 and line 26, enter the difference here. See instructions, page 9 (**Do Not Send Cash**). Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ..... ● **27** \_\_\_\_\_ 0.0

**Direct Deposit (Refund Only)**

**28 REFUND OR NO AMOUNT DUE.** Subtract line 25 and line 26 from line 23. See instructions, page 10. Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002** ..... ● **28** \_\_\_\_\_ 0.0

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

Checking  
 Savings

\_\_\_\_\_ ● Routing number      \_\_\_\_\_ ● Type      \_\_\_\_\_ ● Account number      \_\_\_\_\_ ● **29** Direct Deposit Amount 0.0

The remaining amount of my refund (line 28) is authorized for direct deposit into the account shown below:

Checking  
 Savings

\_\_\_\_\_ ● Routing number      \_\_\_\_\_ ● Type      \_\_\_\_\_ ● Account number      \_\_\_\_\_ ● **30** Direct Deposit Amount 0.0

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the information on this return is true, correct, and complete.

**Sign Here**

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

Your signature \_\_\_\_\_ Spouse's/RDP's signature (if filing jointly, both must sign) \_\_\_\_\_ Daytime phone number (optional) \_\_\_\_\_  
 X \_\_\_\_\_ X \_\_\_\_\_ Date \_\_\_\_\_

Joint return? See instructions, page 10.

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) \_\_\_\_\_ Paid Preparer's SSN/PTIN \_\_\_\_\_  
 Firm's name (or yours if self-employed) \_\_\_\_\_ FEIN \_\_\_\_\_  
 Firm's address \_\_\_\_\_