

California Resident Income Tax Return 2009

540 2EZ C1 Side 1

Your first name	Initial	Last name	Your SSN or ITIN	P AC A R RP
If joint return, spouse's/RDP's first name	Initial	Last name	Spouse's/RDP's SSN or ITIN	
Address (number and street, PO Box, or PMB no.)			Apt. no./Ste. no.	
City			State	ZIP Code

Prior Name If you filed your 2008 tax return under a different last name, write the last name only from the 2008 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

Whole dollars only

- 9 Total wages (federal Form W-2, box 16). See instructions, page 6 **9** _____ **00**
- 10 Total interest income (Form 1099-INT, box 1). See instructions, page 7 **10** _____ **00**
- 11 Total dividend income (Form 1099-DIV, box 1a). See instructions, page 7. **11** _____ **00**
- 12 Total pension income _____ See instructions, page 7. Taxable amount. **12** _____ **00**
- 13 Total capital gains distributions from mutual funds (Form 1099-DIV, box 2a). See instructions, page 7 **13** _____ **00**
- 14 Unemployment compensation **14** _____ **00**
- 15 U.S. social security or railroad retirement benefits . **15** _____ **00**
- 16 Add line 9, line 10, line 11, line 12, and line 13. **Do not include line 14 and line 15.** **16** _____ **00**
- 17 Using the 2EZ Table for your filing status, enter the tax for the amount on line 16. **17** _____ **00**
Caution: If you filled in the circle on line 6, **STOP**. See instructions, page 7, Dependent Tax Worksheet.
- 18 Senior exemption: See instructions, page 7. If you are 65 and entered 1 in the box on line 7, enter \$98. If you entered 2 in the box on line 7, enter \$196. **18** _____ **00**
- 19 Nonrefundable renter's credit. See instructions, page 7 **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**

Enclose, but do not staple, any payment.

Attach a copy of your Form(s) W-2.

Your name: _____ Your SSN or ITIN: _____

Overpaid Tax/ Tax Due

21a Enter the amount from Side 1, line 21 **21a** _____ 0.0

22 Total tax withheld (federal Form W-2, box 17 or Form 1099-R, box 10) ● **22** _____ 0.0

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

24 Tax due. If line 22 is less than line 21a, subtract line 22 from line 21a. See instructions, page 7 **24** _____ 0.0

Use Tax **25** Use tax. **This is not a total line.** See instructions, page 7 . ● **25** _____ 0.0

Voluntary Contributions

	Code	Amount		Code	Amount
CA Seniors Special Fund. See page 11 . . .	● 400	00	CA Peace Officer Memorial Foundation Fund	● 408	00
Alzheimer's Disease/Related Disorders Fund	● 401	00	CA Military Family Relief Fund	● 409	00
CA Fund for Senior Citizens	● 402	00	CA Sea Otter Fund	● 410	00
Rare and Endangered Species Preservation Program	● 403	00	CA Ovarian Cancer Research Fund.	● 411	00
State Children's Trust Fund for the Prevention of Child Abuse.	● 404	00	Municipal Shelter Spay-Neuter Fund	● 412	00
CA Breast Cancer Research Fund	● 405	00	CA Cancer Research Fund	● 413	00
CA Firefighters' Memorial Fund	● 406	00	ALS/Lou Gehrig's Disease Research Fund	● 414	00
Emergency Food For Families Fund.	● 407	00			

26 Add amounts in code 400 through code 414. These are your total contributions. ● **26** _____ 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

Pay online – Go to ftb.ca.gov and search for **web pay**.

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

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

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

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

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 _____

Do you want to allow another person to discuss this return with us (see page 10)? ● Yes No

_____ () _____
 Print Third Party Designee's Name Telephone Number