

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

Date of Birth	• Your DOB (mm/dd/yyyy)	• Spouse's/RDP's DOB (mm/dd/yyyy)
	<input type="text"/>	<input type="text"/>

Prior Name	• Your prior name (see instructions)	• Spouse's/RDP's prior name (see instructions)
	<input type="text"/>	<input type="text"/>

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.
<input checked="" type="radio"/> <input type="text"/>	<input checked="" type="radio"/> <input type="text"/>
City	State ZIP code
<input checked="" type="radio"/> <input type="text"/>	<input checked="" type="radio"/> <input type="text"/> <input checked="" type="radio"/> <input type="text"/>

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 <input type="checkbox"/> Single	5 <input type="checkbox"/> Qualifying surviving spouse/RDP. Enter year spouse/RDP died. <input type="text"/>
2 <input type="checkbox"/> Married/RDP filing jointly (even if only one spouse/RDP had income)	See instructions. <input type="text"/>
4 <input type="checkbox"/> Head of household. <b>STOP!</b> See instructions.	

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

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

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

11 Total dividend income (federal Form 1099-DIV, box 1a). See instructions. . . . . ● 11

12 Total pension income  See instructions. Taxable amount. . . . . ● 12

13 Total capital gains distributions from mutual funds (federal Form 1099-DIV, box 2a). See instructions. . . . . ● 13

16 Add line 9, line 10, line 11, line 12, and line 13. . . . . ● 16

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

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

19 Nonrefundable renter's credit. See instructions. . . . . ● 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

22 Total tax withheld (federal Form W-2, box 17 or federal Form 1099-R, box 14). . . . . ● 22

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

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

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

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

Use Tax

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

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:

<b>ISR Penalty</b>	<b>27</b> 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 . . . . . ● <b>27</b>	<input type="text"/>	.00
<b>Overpaid Tax/Tax Due</b>	<b>28</b> Payments balance. If line 25 is more than line 26, subtract line 26 from line 25. . . . . <input checked="" type="radio"/> <b>28</b>	<input type="text"/>	.00
	<b>29 Use Tax balance.</b> If line 26 is more than line 25, subtract line 25 from line 26. . . . . <input checked="" type="radio"/> <b>29</b>	<input type="text"/>	.00
	<b>30</b> Payments after Individual Shared Responsibility Penalty. If line 28 is more than line 27, subtract line 27 from line 28. . . . . <input checked="" type="radio"/> <b>30</b>	<input type="text"/>	.00
	<b>31</b> Individual Shared Responsibility Penalty balance. If line 27 is more than line 28, subtract line 28 from line 27. . . . . <input checked="" type="radio"/> <b>31</b>	<input type="text"/>	.00
	<b>32</b> Overpaid tax. If line 30 is more than line 21, subtract line 21 from line 30. . . . . ● <b>32</b>	<input type="text"/>	.00
<b>33</b> Tax due. If line 30 is less than line 21, subtract line 30 from line 21. See instructions. . . . . <input checked="" type="radio"/> <b>33</b>	<input type="text"/>	.00	

	<b>Code</b>	<b>Amount</b>
California Seniors Special Fund. See instructions . . . . . ● <b>400</b>		<input type="text"/> .00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund. . . . . ● <b>401</b>		<input type="text"/> .00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program . . . ● <b>403</b>		<input type="text"/> .00
California Breast Cancer Research Voluntary Tax Contribution Fund. . . . . ● <b>405</b>		<input type="text"/> .00
California Firefighters' Memorial Voluntary Tax Contribution Fund. . . . . ● <b>406</b>		<input type="text"/> .00
Emergency Food for Families Voluntary Tax Contribution Fund. . . . . ● <b>407</b>		<input type="text"/> .00
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund. . . . ● <b>408</b>		<input type="text"/> .00
California Sea Otter Voluntary Tax Contribution Fund. . . . . ● <b>410</b>		<input type="text"/> .00
California Cancer Research Voluntary Tax Contribution Fund. . . . . ● <b>413</b>		<input type="text"/> .00
School Supplies for Homeless Children Voluntary Tax Contribution Fund . . . . . ● <b>422</b>		<input type="text"/> .00
State Parks Protection Fund/Parks Pass Purchase . . . . . ● <b>423</b>		<input type="text"/> .00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund . . . . . ● <b>424</b>		<input type="text"/> .00
Keep Arts in Schools Voluntary Tax Contribution Fund. . . . . ● <b>425</b>		<input type="text"/> .00
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund . . ● <b>431</b>		<input type="text"/> .00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund . . . . . ● <b>438</b>		<input type="text"/> .00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund . . . . . ● <b>439</b>		<input type="text"/> .00

**Contributions**

Your name:

Your SSN or ITIN:

**Contributions**

Mental Health Crisis Prevention Voluntary Tax Contribution Fund ..... ● 445  .00

California ALS Research Network Voluntary Tax Contribution Fund ..... ● 447  .00

34 Add amounts in code 400 through code 447. This is your total contribution ..... ● 34  .00

**Amount You Owe**

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](http://ftb.ca.gov/pay) for more information.

**Direct Deposit (Refund Only)**

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	● Account number	● 37 Direct deposit amount
<input type="text"/>	<input type="checkbox"/> Checking	<input type="text"/>	<input type="text"/> .00
	<input type="checkbox"/> Savings		

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

● Routing number	● Type	● Account number	● 38 Direct deposit amount
<input type="text"/>	<input type="checkbox"/> Checking	<input type="text"/>	<input type="text"/> .00
	<input type="checkbox"/> Savings		

**Voter Info.**

For voter registration information, check the box and go to [sos.ca.gov/elections](http://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](http://ftb.ca.gov/privacy) to learn about our privacy policy statement, or go to [ftb.ca.gov/forms](http://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