

# Mariposa READ

(Read, Enjoy, And Discover)

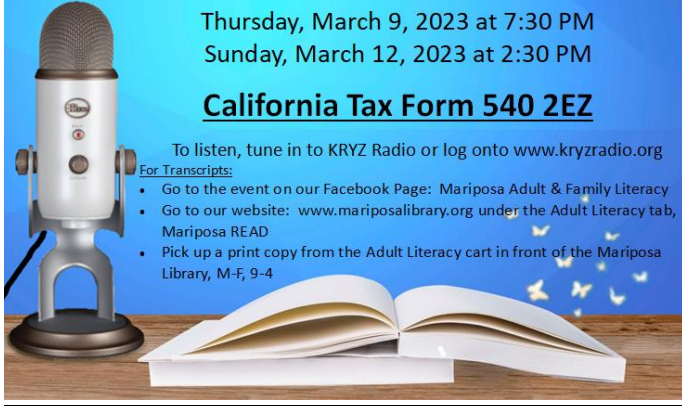
Thursday, March 9, 2023 at 7:30 PM  
Sunday, March 12, 2023 at 2:30 PM

## California Tax Form 540 2EZ

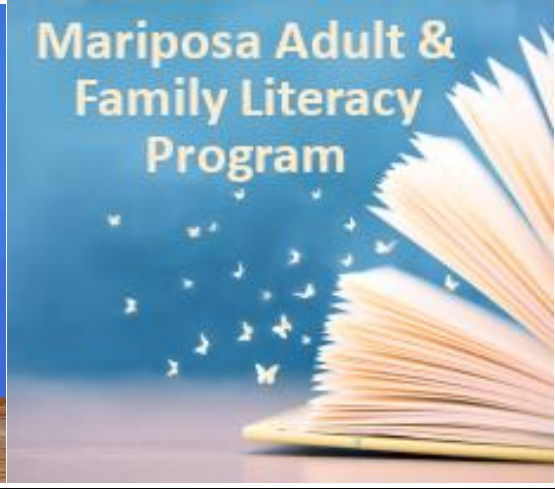
To listen, tune in to KRYZ Radio or log onto [www.kryzradio.org](http://www.kryzradio.org)

For Transcripts:

- Go to the event on our Facebook Page: Mariposa Adult & Family Literacy
- Go to our website: [www.mariposalibrary.org](http://www.mariposalibrary.org) under the Adult Literacy tab, Mariposa READ
- Pick up a print copy from the Adult Literacy cart in front of the Mariposa Library, M-F, 9-4



# Mariposa Adult & Family Literacy Program



TAXABLE YEAR 2022 FORM 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)

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/county Foreign postal code

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**Date of Birth**

Your DOB (mm/dd/yyyy) Spouse's/RDP's DOB (mm/dd/yyyy)

•  •

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**Prior Name**

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

•  •

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**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

•  •

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

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

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

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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. . . . .

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"/>

Taxable Income and Credits

		Whole dollars only
<b>9</b> Total wages (federal Form W-2, box 16). See instructions. . . . . ● 9	<input type="text"/>	.00
<b>10</b> Total interest income (federal Form 1099-INT, box 1). See instructions. . . . . ● 10	<input type="text"/>	.00
<b>11</b> Total dividend income (federal Form 1099-DIV, box 1a). See instructions. . . . . ● 11	<input type="text"/>	.00
<b>12</b> Total pension income <input type="text"/> See instructions. Taxable amount. . . . . ● 12	<input type="text"/>	.00
<b>13</b> Total capital gains distributions from mutual funds (federal Form 1099-DIV, box 2a). See instructions. . . . . ● 13	<input type="text"/>	.00
<b>16</b> Add line 9, line 10, line 11, line 12, and line 13. . . . . ● 16	<input type="text"/>	.00
<b>17</b> Using the 2EZ Table for your filing status, enter the tax for the amount on line 16. <b>Caution:</b> If you checked the box on line 6, <b>STOP.</b> See instructions for completing the Dependent Tax Worksheet. . . . . ● 17	<input type="text"/>	.00
<b>18</b> Senior exemption: See instructions. If you are 65 or older and entered 1 in the box on line 7, enter \$140. If you entered 2 in the box on line 7, enter \$280. . . . . ● 18	<input type="text"/>	.00
<b>19</b> Nonrefundable renter's credit. See instructions. . . . . ● 19	<input type="text"/>	.00
<b>20 Credits.</b> Add line 18 and line 19. . . . . 20	<input type="text"/>	.00
<b>21 Tax.</b> Subtract line 20 from line 17. If zero or less, enter -0-. . . . . ● 21	<input type="text"/>	.00
<b>22</b> Total tax withheld (federal Form W-2, box 17 or federal Form 1099-R, box 14). . . . . ● 22	<input type="text"/>	.00
<b>23 a</b> Earned Income Tax Credit (EITC). See instructions. . . . . ● 23a	<input type="text"/>	.00
<b>b</b> Young Child Tax Credit (YCTC). See instructions. . . . . ● 23b	<input type="text"/>	.00
<b>c</b> Foster Youth Tax Credit (FYTC). See instructions. . . . . ● 23c	<input type="text"/>	.00
<b>25 Total payments.</b> Add line 22, line 23a, line 23b, and line 23c. . . . . ● 25	<input type="text"/>	.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.

Your name:

Your SSN or ITIN:

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

	<b>Code</b>	<b>Amount</b>
California Seniors Special Fund. See instructions . . . . . <input checked="" type="radio"/>	400	<input type="text"/> .00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund. . . . . <input checked="" type="radio"/>	401	<input type="text"/> .00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program . . . . . <input checked="" type="radio"/>	403	<input type="text"/> .00
California Breast Cancer Research Voluntary Tax Contribution Fund. . . . . <input checked="" type="radio"/>	405	<input type="text"/> .00
California Firefighters' Memorial Voluntary Tax Contribution Fund. . . . . <input checked="" type="radio"/>	406	<input type="text"/> .00
Emergency Food for Families Voluntary Tax Contribution Fund. . . . . <input checked="" type="radio"/>	407	<input type="text"/> .00
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund. . . . . <input checked="" type="radio"/>	408	<input type="text"/> .00
California Sea Otter Voluntary Tax Contribution Fund. . . . . <input checked="" type="radio"/>	410	<input type="text"/> .00
California Cancer Research Voluntary Tax Contribution Fund. . . . . <input checked="" type="radio"/>	413	<input type="text"/> .00
School Supplies for Homeless Children Voluntary Tax Contribution Fund . . . . . <input checked="" type="radio"/>	422	<input type="text"/> .00
State Parks Protection Fund/Parks Pass Purchase . . . . . <input checked="" type="radio"/>	423	<input type="text"/> .00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund . . . . . <input checked="" type="radio"/>	424	<input type="text"/> .00
Keep Arts in Schools Voluntary Tax Contribution Fund. . . . . <input checked="" type="radio"/>	425	<input type="text"/> .00
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund. . . . . <input checked="" type="radio"/>	431	<input type="text"/> .00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund. . . . . <input checked="" type="radio"/>	438	<input type="text"/> .00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund . . . . . <input checked="" type="radio"/>	439	<input type="text"/> .00
Rape Kit Backlog Voluntary Tax Contribution Fund. . . . . <input checked="" type="radio"/>	440	<input type="text"/> .00

**Contributions**

Your name:  Your SSN or ITIN:

<b>Contributions Cont.</b>	Suicide Prevention Voluntary Tax Contribution Fund .....	●444	<input type="text"/>	<input type="text"/>	.00
	Mental Health Crisis Prevention Voluntary Tax Contribution Fund .....	●445	<input type="text"/>	<input type="text"/>	.00
	California Community and Neighborhood Tree Voluntary Tax Contribution Fund .....	●446	<input type="text"/>	<input type="text"/>	.00
	<b>34</b> Add amounts in code 400 through code 446. This is your total contribution. ....	● 34	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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.

**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		

**37** For voter registration information, check the box and go to [sos.ca.gov/elections](http://sos.ca.gov/elections). See instructions .....

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)

● Your email address. Enter only one email address.  ● Preferred phone number

**Sign Here**  
 It is unlawful to forge a spouse's/RDP's signature.  
 Joint tax return? See instructions.  
 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