

Form 540 2EZ Specifications

| Index/ Field No. | Line/ Box No. | Description | Data Type A = Alpha N = Numeric AN = Alphanumeric X = Checkbox | Length | Value/ Comments | Special Printing Instructions on Substitute Form(s) Blank = Print in associated field |
|---------------------|------------------|--|--|--------|---|---|
| 1 | Header | Header Version Number | AN | 2 | T1 | |
| 2 | Header | CTP ID | N | 3 | | |
| 3 | Gov't | Tax Year | N | 4 | YYYY | |
| 4 | Gov't | Form Type | N | 6 | 311 | |
| 5 | Gov't | Software Developer Version | N | 3 | 001. Increment plus 1 for every every change to barcode. | |
| 6 | Gov't | FTB Specification Version | N | 3 | 001. See Header Fields Definitions in Publication 1098, Part II for more information. | |
| 7 | Entity | Amended Tax Return | X | 1 | 1= Amended 0= Leave Blank | Follow scannable format printing instructions |
| 8 | Entity | Taxpayer's SSN or ITIN (mandatory) | N | 9 | | |
| 9 | Entity | If Joint or Separate Tax Return, Spouse's/RDP's SSN (or ITIN) (mandatory) | N | 9 | | |
| 10 | Entity | Principal Business Activity Code (PBA) Code | N | 6 | If the code is less than 6 characters LJ and do not populate with zeros. | Scannable Format |
| 11 | Entity | Taxpayer's First Name (mandatory) | A | 11 | | Scannable Format |
| 12 | Entity | Taxpayer's Middle Initial | A | 1 | | Scannable Format |
| 13 | Entity | Taxpayer's Last Name (mandatory) | A | 35 | Special characters: space | Scannable Format |
| 14 | Entity | Suffix | A | 4 | | Scannable Format |
| 15 | Entity | Taxpayer's Date of Death – If deceased, must enter Date of Death, otherwise, leave blank | N | 10 | MM-DD-YYYY | Scannable Format |
| 16 | Entity | If Joint Tax Return, Spouse's/RDP's First Name (mandatory) | A | 11 | | Scannable Format |
| 17 | Entity | If Joint Tax Return, Spouse's/RDP's Middle Initial | A | 1 | | Scannable Format |
| 18 | Entity | If Joint Tax Return, Spouse's/RDP's Last Name (mandatory) | A | 35 | Special characters: space | Scannable Format |
| 19 | Entity | Suffix | A | 4 | | Scannable Format |
| 20 | Entity | Spouse's Date of Death – If deceased, must enter Date of Death, otherwise, leave blank | N | 10 | MM-DD-YYYY | Scannable Format |
| 21 | Entity | Additional Information – for In-Care-Of Name or Supplemental Address Information | AN | 35 | Special chars: space / | Scannable Format |
| 22 | Entity | Executor/Guardian | AN | 35 | Special chars: space/ – | Scannable Format |
| 23 | Entity | Street Address/PO Box (mandatory) | AN | 35 | Special chars: space/ – | Scannable Format |
| 24 | Entity | APT, STE, SP, RM, FL, BLDG & UN Number or Letter | AN | 5 | No symbols | Scannable Format |
| 25 | Entity | Private mailbox (PMB) Number or Letter | AN | 6 | Alphanumeric, LJ | Scannable Format |

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|---------------------|------------------|---|--|--------|---|---|
| 26 | Entity | ARRP Area | AN | 5 | D = Taxpayer deceased E=IRC 965 C = Spouse/RDP deceased O = Outside the USA U = Military 9 = Disaster | Scannable Format |
| 27 | Entity | City (Mandatory) | AN | 17 | Include U.S. or Foreign city Special chars: space - | Scannable Format |
| 28 | Entity | State | A | 2 | Use Standard Abbreviations in Pub. 1098, Part I. If foreign address, leave blank. | Scannable Format |
| 29 | Entity | ZIP Code | N | 10 | Special Characters: space -, If foreign address, leave blank. | Scannable Format |
| 30 | Entity | If Foreign Country Name | AN | 19 | Special chars: space. 2-character Country Abbreviation may be used. | Scannable Format |
| 31 | Entity | If Foreign Province/State/Country | AN | 17 | Special chars: - | Scannable Format |
| 32 | Entity | If Foreign Postal Code | AN | 16 | Special chars: - | Scannable Format |
| 33 | Entity | Taxpayer's Date of Birth | N | 10 | MM-DD-YYYY | Scannable Format |
| 34 | Entity | If Joint or Separate Tax Return, Spouse's/RDP's Date of Birth | N | 10 | MM-DD-YYYY | Scannable Format |
| 35 | Entity | Taxpayer's Prior Name (if applicable) | A | 17 | Last Name only, or leave blank. | Scannable Format |
| 36 | Entity | If Joint Tax Return, Spouse's/RDP's Prior Name (if applicable) | A | 17 | Last Name only, or leave blank. | Scannable Format |
| 37 | 1,2,4,5 | Filing Status: | N | 1 | 1 = Single 2 = Married/RDP filing jointly 4 = Head of household 5 = Qualifying widow(er) | Print: Check Mark |
| 38 | 6 | Claimed as Dependent Check Box | X | 1 | Upper X = marked check box Blank = unmarked check box | Print: Check Mark |
| 39 | 7 | Senior No | N | 1 | | |
| 40 | 8 | Number of Dependents Quantity | N | 1 | | |
| 41 | 8 | 1Dependent First Name | A | 11 | | |
| 42 | 8 | 1Dependent Last Name | A | 17 | | |
| 43 | 8 | 1Dependent SSN | AN | 9 | | |
| 44 | 8 | 1Dependent Relationship | A | 26 | | |

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|---------------------|------------------|---|--|--------|--------------------|---|
| 45 | 8 | 2Dependent First Name | A | 11 | | |
| 46 | 8 | 2Dependent Last Name | A | 17 | | |
| 47 | 8 | 2Dependent SSN | AN | 9 | | |
| 48 | 8 | 2Dependent Relationship | A | 12 | | |
| 49 | 8 | 3Dependent First Name | A | 11 | | |
| 50 | 8 | 3Dependent Last Name | A | 17 | | |
| 51 | 8 | 3Dependent SSN | AN | 9 | | |
| 52 | 8 | 3Dependent Relationship | A | 12 | | |
| 53 | 9 | Wages | N | 15 | | |
| 54 | 10 | Total Interest Income Form 1099-INT, Box 1 | N | 15 | | |
| 55 | 11 | Total dividend income Form 1099-DIV, Box 1a | N | 15 | | |
| 56 | 12 | Taxable Amount | N | 15 | | |
| 57 | 13 | Total capital gains distributions from mutual funds Form 1099-DIV, Box 2a | N | 15 | | |
| 58 | 16 | Add lines 9-13 | N | 15 | | |
| 59 | 17 | Tax from 2EZ Table | N | 15 | | |
| 60 | 18 | Senior Exemption | N | 15 | | |
| 61 | 19 | Nonrefundable Renter's Credit | N | 15 | | |
| 62 | 21 | Tax – Amount | N | 15 | | |
| 63 | 22 | Total tax withheld, federal Form W-2, box 17 or Form 1099-R, box 12 | N | 15 | | |
| 64 | 23 | Earned Income Tax Credit (EITC). See instructions for FTB 3514 | N | 15 | | |
| 65 | 24 | Total payments. Add line 22 and line 23 | N | 15 | | |
| 66 | 25 | Use Tax – Amount | N | 15 | | |
| 67 | 26 | Payments balance | N | 15 | | |
| 68 | 27 | Use tax balance | N | 15 | | |
| 69 | 28 | Overpaid tax | N | 15 | | |
| 70 | 29 | Tax due | N | 15 | | |
| 71 | 400 | California Seniors Special Fund amount | N | 15 | | |
| 72 | 401 | Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund | N | 15 | | |
| 73 | 403 | Rare and Endangered Species Preservation Voluntary Tax Contribution Program amount | N | 15 | | |
| 74 | 405 | California Breast Cancer Research Fund Voluntary Tax Contribution amount | N | 15 | | |
| 75 | 406 | California Firefighter's Memorial Fund amount | N | 15 | | |
| 76 | 407 | Emergency Food for Families Voluntary Tax Contribution Fund amount | N | 15 | | |
| 77 | 408 | California Peace Officer Memorial Foundation Fund amount | N | 15 | | |
| 78 | 410 | California Sea Otter Fund amount | N | 15 | | |
| 79 | 413 | California Cancer Research Voluntary Tax Contribution Fund amount | N | 15 | | |

2D SPECIFICATIONS FOR FORM 540 2EZ

Form 540 2EZ Specifications

| Index/ Field No. | Line/ Box No. | Description | Data Type A = Alpha N = Numeric AN = Alphanumeric X = Checkbox | Length | Value/ Comments | Special Printing Instructions on Substitute Form(s) Blank = Print in associated field |
|---------------------|------------------|--|--|--------|--|---|
| 80 | 422 | School Supplies for Homeless Children Fund amount | N | 15 | | |
| 81 | 423 | State Parks Protection Fund/Parks Pass Purchase amount | N | 15 | | |
| 82 | 424 | Protect our Coast and Oceans Voluntary Tax Contribution Fund amount | N | 15 | | |
| 83 | 425 | Keep Arts in Schools Voluntary Tax Contribution Fund amount | N | 15 | | |
| 84 | 430 | State Children's Trust Fund for the Prevention of Child Abuse Fund amount | N | 15 | | |
| 85 | 431 | Prevention of Animal Homelessness & Cruelty Fund amount | N | 15 | | |
| 86 | 432 | Revive the Salton Sea Fund | N | 15 | | |
| 87 | 433 | California Domestic Violence Victims Fund | N | 15 | | |
| 88 | 434 | Special Olympics Fund | N | 15 | | |
| 89 | 435 | Type 1 Diabetes Research Fund | N | 15 | | |
| 90 | 436 | California YMCA and Government Voluntary Tax Contribution Fund | N | 15 | | |
| 91 | 437 | Habitat for Humanity Voluntary Tax Contribution Fund | N | 15 | | |
| 92 | 438 | California Senior Citizen Advocacy Voluntary Tax Contribution Fund | N | 15 | | |
| 93 | 439 | Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund | N | 15 | | |
| 94 | 440 | Rape Backlog Kit Voluntary Tax Contribution Fund | N | 15 | | |
| 95 | 441 | Organ and Tissue Donor Registry Voluntary Tax Contribution | N | 15 | | |
| 96 | 442 | National Alliance on Mental Illness California Voluntary Tax Contribution Fund | N | 15 | | |
| 97 | 443 | Schools Not Prisons Voluntary Tax Contribution Fund | N | 15 | | |
| 98 | 30 | Total Contributions | N | 15 | | |
| 99 | 31 | Amount You Owe | N | 15 | | |
| 100 | 32 | Refund Amount | N | 15 | | |
| 101 | | 1Routing Number | N | 9 | | |
| 102 | | 1Checking Check Box | X | 1 | Upper X = marked check box Blank = unmarked check box | Print: Check Mark |
| 103 | | 1Savings Check Box | X | 1 | Upper X = marked check box Blank = unmarked check box | Print: Check Mark |
| 104 | | 1Account Number | AN | 17 | | |
| 105 | 33 | 1Direct Deposit Amount | N | 6 | | |

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| Index/ Field No. | Line/ Box No. | Description | Data Type A = Alpha N = Numeric AN = Alphanumeric X = Checkbox | Length | Value/ Comments | Special Printing Instructions on Substitute Form(s) Blank = Print in associated field |
|---------------------|------------------|------------------------------|--|--------|--|---|
| 106 | | 2Routing Number | N | 9 | | |
| 107 | | 2Checking Check Box | X | 1 | Upper X = marked check box Blank = unmarked check box | Print: Check Mark |
| 108 | | 2Savings Check Box | X | 1 | Upper X = marked check box Blank = unmarked check box | Print: Check Mark |
| 109 | | 2Account Number | AN | 17 | | |
| 110 | 34 | 2Direct Deposit Amount | N | 6 | | |
| 111 | | Email Address | AN | 75 | Allow blanks Special chars: Allow All | |
| 112 | | Preferred Phone Number | N | 14 | Special chars: space - () | |
| 113 | | Paid Preparer Signature | X | 1 | Upper X = Yes-Paid preparer completed return | Print: Leave blank |
| 114 | | PTIN | AN | 9 | | |
| 115 | | Firm's FEIN | N | 9 | | |
| 116 | | Yes-Discuss Return Check Box | X | 1 | Upper X = marked check box Blank = unmarked check box | Print: Check Mark |
| 117 | | No-Discuss Return Check Box | X | 1 | Upper X = marked check box Blank = unmarked check box | Print: Check Mark |
| 118 | | END OF FILE | AN | 5 | *EOD* | |

TAXABLE YEAR

FORM

2018 California Resident Income Tax Return

540 2EZ

7-36

If your California filing status is different from your federal filing status, check the box here

Filing Status Check the box for your filing status. See instructions.

37

Check only one.

- 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.
7 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2
8 Dependents: (Do not include yourself or your spouse/RDP) Enter number of dependents here.

38

39

40

Table with 3 columns: Dependent 1, Dependent 2, Dependent 3. Rows include First Name, Last Name, SSN, and Dependent's relationship to you.

Form 540 2EZ Record Layout

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 [53] .00
10 Total interest income (Form 1099-INT, box 1). See instructions. ● 10 [54] .00
11 Total dividend income (Form 1099-DIV, box 1a). See instructions. ● 11 [55] .00
12 Total pension income [] See instructions. Taxable amount. ● 12 [56] .00
13 Total capital gains distributions from mutual funds (Form 1099-DIV, box 2a). See instructions. ● 13 [57] .00
16 Add line 9, line 10, line 11, line 12, and line 13. ● 16 [58] .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 [59] .00
18 Senior exemption: See instructions. If you are 65 or older and entered 1 in the box on line 7, enter \$118. If you entered 2 in the box on line 7, enter \$236. ● 18 [60] .00
19 Nonrefundable renter's credit. See instructions. ● 19 [61] .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 [62] .00
22 Total tax withheld (federal Form W-2, box 17 or Form 1099-R, box 12). ● 22 [63] .00
23 Earned Income Tax Credit (EITC). See instructions for FTB 3514. ● 23 [64] .00
24 Total payments. Add line 22 and line 23. ● 24 [65] .00

Enclose, but do not staple, any payment.

Use Tax

- 25 Use tax. Do not leave blank. See instructions. ● 25 [66] .00
If line 25 is zero, check if: [] No use tax is owed.
[] You paid your use tax obligation directly to CDTFA.

Overpaid Tax/Tax Due.

- 26 Payments balance. If line 24 is more than line 25, subtract line 25 from line 24. ● 26 [67] .00
27 Use Tax balance. If line 25 is more than line 24, subtract line 24 from line 25. ● 27 [68] .00
28 Overpaid tax. If line 26 is more than line 21, subtract line 21 from line 26. ● 28 [69] .00
29 Tax due. If line 26 is less than line 21, subtract line 26 from line 21. See instructions. ● 29 [70] .00

This space reserved for 2D barcode

Form 540 2EZ Record Layout

Your name:

Your SSN or ITIN:

Voluntary Contributions

| | Code | Amount |
|---|-------------|-------------------------------------|
| California Seniors Special Fund. See instructions | ● 400 | <input type="text" value="71"/> .00 |
| Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund | ● 401 | <input type="text" value="72"/> .00 |
| Rare and Endangered Species Preservation Voluntary Tax Contribution Program | ● 403 | <input type="text" value="73"/> .00 |
| California Breast Cancer Research Voluntary Tax Contribution Fund | ● 405 | <input type="text" value="74"/> .00 |
| California Firefighters' Memorial Fund | ● 406 | <input type="text" value="75"/> .00 |
| Emergency Food for Families Voluntary Tax Contribution Fund | ● 407 | <input type="text" value="76"/> .00 |
| California Peace Officer Memorial Foundation Fund | ● 408 | <input type="text" value="77"/> .00 |
| California Sea Otter Fund | ● 410 | <input type="text" value="78"/> .00 |
| California Cancer Research Voluntary Tax Contribution Fund | ● 413 | <input type="text" value="79"/> .00 |
| School Supplies for Homeless Children Fund | ● 422 | <input type="text" value="80"/> .00 |
| State Parks Protection Fund/Parks Pass Purchase | ● 423 | <input type="text" value="81"/> .00 |
| Protect Our Coast and Oceans Voluntary Tax Contribution Fund | ● 424 | <input type="text" value="82"/> .00 |
| Keep Arts in Schools Voluntary Tax Contribution Fund | ● 425 | <input type="text" value="83"/> .00 |
| State Children's Trust Fund for the Prevention of Child Abuse | ● 430 | <input type="text" value="84"/> .00 |
| Prevention of Animal Homelessness and Cruelty Fund | ● 431 | <input type="text" value="85"/> .00 |
| Revive the Salton Sea Fund | ● 432 | <input type="text" value="86"/> .00 |
| California Domestic Violence Victims Fund | ● 433 | <input type="text" value="87"/> .00 |
| Special Olympics Fund | ● 434 | <input type="text" value="88"/> .00 |
| Type 1 Diabetes Research Fund | ● 435 | <input type="text" value="89"/> .00 |
| California YMCA Youth and Government Voluntary Tax Contribution Fund | ● 436 | <input type="text" value="90"/> .00 |
| Habitat for Humanity Voluntary Tax Contribution Fund | ● 437 | <input type="text" value="91"/> .00 |
| California Senior Citizen Advocacy Voluntary Tax Contribution Fund | ● 438 | <input type="text" value="92"/> .00 |
| Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund | ● 439 | <input type="text" value="93"/> .00 |
| Rape Backlog Kit Voluntary Tax Contribution Fund | ● 440 | <input type="text" value="94"/> .00 |
| Organ and Tissue Donor Registry Voluntary Tax Contribution Fund | ● 441 | <input type="text" value="95"/> .00 |
| National Alliance on Mental Illness California Voluntary Tax Contribution Fund | ● 442 | <input type="text" value="96"/> .00 |
| Schools Not Prisons Voluntary Tax Contribution Fund | ● 443 | <input type="text" value="97"/> .00 |
| 30 Add amounts in code 400 through code 443. These are your total contributions. | ● 30 | <input type="text" value="98"/> .00 |

Form 540 2EZ Record Layout

Your name: [] Your SSN or ITIN: []

Amount You Owe 31 AMOUNT YOU OWE. Add line 27, line 29, and line 30. See instructions. Do not send cash.

Mail to: FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0001

31 [99] .00

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

Direct Deposit (Refund Only) 32 REFUND OR NO AMOUNT DUE. Subtract line 30 from line 28. See instructions.

Mail to: FRANCHISE TAX BOARD
PO BOX 942840
SACRAMENTO CA 94240-0001

32 [100] .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 32) is authorized for direct deposit into the account shown below:

Form with fields for routing number, type (Checking/Savings), account number, and direct deposit amount (33).

The remaining amount of my refund (line 32) is authorized for direct deposit into the account shown below:

Form with fields for routing number, type (Checking/Savings), account number, and direct deposit amount (34).

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.

Signature and date fields for taxpayer and spouse/RDP.

Sign Here

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

Joint tax return? See instructions.

Fields for email address (111) and preferred phone number (112).

Field for paid preparer's signature (113).

Fields for firm's name and PTIN (114).

Fields for firm's address and firm's FEIN (115).

Fields for allowing another person to discuss the tax return (116/117).

Fields for Third Party Designee's Name and Telephone Number.



540 2EZ BARCODE PLACEMENT

Form 540 2EZ Barcode Placement Side 2 Specifications

Comments: Use Courier 12-point font for CTP ID and Doc. ID (print line 63).

| Print Line Number | Identification | Begin Print Position | Maximum Field Length | End Print Position | Field Description |
|-------------------|--|----------------------|----------------------|--------------------|---|
| 1-3 | Blank lines | – | – | – | – |
| 4 | Anchor Mark | 59 | 2 | 60 | Anchor mark, Conventional form size/style |
| 5-53 | Blank lines | – | – | – | – |
| 54-60 | “2D BARCODE” | 7 | 73 | 79 | Conventional form size/style |
| 61 | Blank line | – | – | – | – |
| 62-63 | Bottom Registration Mark, Anchor Mark, and conventional form | – | – | – | End of bottom registration mark, anchor mark and conventional form size/style |
| 63 | CTP ID (mandatory) | 32 | 3 | 34 | Numeric |
| 63 | Doc. ID (mandatory) | 40 | 7 | 46 | Numeric, “3112174” (Side 2) |
| 63 | Survey ID | 53 | 1 | 53 | Paper Filing Survey Code Vendor specific print reason codes, numeric, 1, “2”, “3”, “4”, “5”, “6”, or blank |

Advanced Draft
as of 12/20/18

