

# Alternative Identifying Information for the Dependent Exemption Credit

3568

Attach to your California Form 540, Form 540 2EZ or Form 540NR.

Name(s) as shown on tax return

Your SSN or ITIN

### Part I Qualifying Information

- 1** Dependent's relationship to you. See instructions.  **1**
- 2 a** Was the dependent a resident of Mexico or Canada for the taxable year that you are requesting to claim the dependent exemption credit? (If yes, go to question 2b. If no, stop here, you do not qualify to use this form, and you must use a federal ITIN or SSN when claiming the dependent exemption credit.)  **2a**  Yes  No
- b** Is the dependent eligible to receive or renew a federal ITIN or SSN? (If no, go to Part II. If yes, stop here, you do not qualify to use this form, and you must use an ITIN or SSN when claiming the dependent exemption credit.)  **2b**  Yes  No

### Part II Dependent Information. See instructions.

#### 3 Identifiable information

<input checked="" type="radio"/> First name	<input checked="" type="radio"/> Middle name	<input checked="" type="radio"/> Last name	<input checked="" type="radio"/> Suffix
<input checked="" type="radio"/> Date of birth (DOB) (mm/dd/yyyy)	Check the box <input checked="" type="radio"/> Male <input type="checkbox"/> Female		
<input checked="" type="radio"/> Country of birth	<input checked="" type="radio"/> City (optional)	<input checked="" type="radio"/> State (optional)	<input checked="" type="radio"/> Province (optional)

#### 4 Name at birth if different from line 3

<input checked="" type="radio"/> First name	<input checked="" type="radio"/> Middle name	<input checked="" type="radio"/> Last name	<input checked="" type="radio"/> Suffix
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#### 5 U.S. mailing address

<input checked="" type="radio"/> Street address (number and street) or PO box	<input checked="" type="radio"/> Apt. no./ste. no.	<input checked="" type="radio"/> PMB/private mailbox
<input checked="" type="radio"/> City	<input checked="" type="radio"/> State	<input checked="" type="radio"/> ZIP code

#### 6 Foreign address

<input checked="" type="radio"/> Street address (number and street)	<input checked="" type="radio"/> Apt. no./ste. no.
<input checked="" type="radio"/> City	
<input checked="" type="radio"/> Foreign country name. Enter only Mexico or Canada.	<input checked="" type="radio"/> Foreign province/state/country
<input checked="" type="radio"/> Foreign postal code	

#### 7 Other information

<input checked="" type="radio"/> Country(ies) of citizenship	<input checked="" type="radio"/> Foreign tax I.D. number
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Identification document(s) submitted (see instructions)

- (1)  Passport  (2) Driver's license/state I.D.  (3) Birth certificate  (4) USCIS documentation  (5) Other

<input checked="" type="radio"/> Issued by	<input checked="" type="radio"/> Identification number on document(s)	<input checked="" type="radio"/> Expiration date (mm/dd/yyyy)
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<input checked="" type="radio"/> Name of school/college/university/company	<input checked="" type="radio"/> City	<input checked="" type="radio"/> State
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## Sign Here

Keep a copy for your records

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 I have examined this form, including accompanying documents and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

<input checked="" type="radio"/> Signature	<input type="radio"/> Date
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