

2015 California Resident Income Tax Return**540 2EZ**

| | | | | |
|---|---------|-------------------------------|---------------------|----------------------------|
| Your first name Gene | Initial | Last name Allen | Suffix | Your SSN or ITIN |
| If joint tax return, spouse's/RDP's first name | Initial | Last name | Suffix | Spouse's/RDP's SSN or ITIN |
| 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 CA | ZIP code |
| Foreign country name | | Foreign province/state/county | | Foreign postal code |

| | | |
|---------------|-----------------------|---------------------------------|
| Date of Birth | Your DOB (mm/dd/yyyy) | Spouse's/RDP's DOB (mm/dd/yyyy) |
|---------------|-----------------------|---------------------------------|

| | | |
|------------|---|------------|
| Prior Name | If you filed your 2014 tax return under a different last name, write the last name only from the 2014 tax return. | |
| | Taxpayer | Spouse/RDP |

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

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) with dependent child. Enter year spouse/RDP died.

If your California filing status is different from your federal filing status, check the box 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. ● 6 ☐
- 7 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 ● 7 ☐
- 8 **Dependents: (Do not include yourself or your spouse/RDP)** Enter number of dependents here. . . . ● 8 ☐

| | 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 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Dependent's relationship to you | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Your name:

Allen

Your SSN or ITIN:

**Taxable
Income and
Credits**Enclose, but do
not staple, any
payment.

Whole dollars only

- 9 Total wages (federal Form W-2, box 16). See instructions. ● 9 .00
- 10 Total interest income (Form 1099-INT, box 1). See instructions. ● 10 .00
- 11 Total dividend income (Form 1099-DIV, box 1a). See instructions. ● 11 .00
- 12 Total pension income . See instructions. Taxable amount. ● 12 .00
- 13 Total capital gains distributions from mutual funds (Form 1099-DIV, box 2a).
See instructions. ● 13 .00
- 16 Add line 9, line 10, line 11, line 12, and line 13. ● 16 .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 .00
- 18 Senior exemption: See instructions. If you are 65 or older and entered 1 in the
box on line 7, enter \$109. If you entered 2 in the box on line 7, enter \$218. ● 18 .00
- 19 Nonrefundable renter's credit. See instructions. ● 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
- 22 Total tax withheld (federal Form W-2, box 17 or Form 1099-R, box 12). ● 22 .00
- 23 Earned Income Tax Credit (EITC). See instructions for FTB 3514. ● 23 .00
- 24 **Total payments.** Add line 22 and line 23. ● 24 .00

Use Tax

- 25 Use tax. **This is not a total line.** See instructions. ● 25 .00
- 26 Payments balance. If line 24 is more than line 25, subtract line 25 from line 24. ● 26 .00
- 27 **Use Tax balance.** If line 25 is more than line 24, subtract line 24 from line 25. ● 27 .00
- 28 Overpaid tax. If line 26 is more than line 21, subtract line 21 from line 26. ● 28 .00
- 29 Tax due. If line 26 is less than line 21, subtract line 26 from line 21.
See instructions. ● 29 .00

**Overpaid
Tax/
Tax Due.**

This space reserved for 2D barcode

Your name:

Allen

Your SSN or ITIN:

Voluntary Contributions

| | <u>Code</u> | <u>Amount</u> |
|--|-------------|---------------|
| California Seniors Special Fund. See instructions | ● 400 | 0.00 |
| Alzheimer's Disease/Related Disorders Fund | ● 401 | 0.00 |
| Rare and Endangered Species Preservation Program | ● 403 | 0.00 |
| California Breast Cancer Research Fund | ● 405 | 0.00 |
| California Firefighters' Memorial Fund | ● 406 | 0.00 |
| Emergency Food for Families Fund | ● 407 | 0.00 |
| California Peace Officer Memorial Foundation Fund | ● 408 | 0.00 |
| California Sea Otter Fund | ● 410 | 0.00 |
| California Cancer Research Fund | ● 413 | 0.00 |
| Child Victims of Human Trafficking Fund | ● 419 | 0.00 |
| School Supplies for Homeless Children Fund | ● 422 | 0.00 |
| State Parks Protection Fund/Parks Pass Purchase | ● 423 | 0.00 |
| Protect Our Coast and Oceans Fund | ● 424 | 0.00 |
| Keep Arts in Schools Fund | ● 425 | 0.00 |
| California Senior Legislature Fund | ● 427 | 0.00 |
| Habitat for Humanity Fund | ● 428 | 0.00 |
| California Sexual Violence Victim Services Fund | ● 429 | 0.00 |
| State Children's Trust Fund for the Prevention of Child Abuse | ● 430 | 0.00 |
| Prevention of Animal Homelessness & Cruelty Fund | ● 431 | 0.00 |
| 30 Add amounts in code 400 through code 431. These are your total contributions | ● 30 | 0.00 |

Your name:

Allen

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

0.00

Pay online – Go to **ftb.ca.gov** 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

1763.00

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:

| | | | |
|------------------|---|------------------|----------------------------|
| ● Routing number | ● Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings | ● Account number | ● 33 Direct deposit amount |
| | | | 0.00 |

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

| | | | |
|------------------|---|------------------|----------------------------|
| ● Routing number | ● Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings | ● Account number | ● 34 Direct deposit amount |
| | | | 0.00 |

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** and search for **privacy notice**. 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.

Your signature

Date

Spouse's/RDP's signature (if a joint tax return, both must sign)

X

X

**Sign
Here**

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

Joint tax return?
See instructions.

Your email address (optional). Enter only one email address.

Daytime phone number (optional)

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

● 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

Form **4852**

(Rev. September 2014)

Department of the Treasury
Internal Revenue Service**Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**

▶ Attach to Form 1040, 1040A, 1040-EZ, or 1040X.

▶ Information about Form 4852 is available at www.irs.gov/form4852.

OMB No. 1545-0074

| | |
|--|--------------------------------------|
| 1 Name(s) shown on return Gene Allen | 2 Your social security number |
|--|--------------------------------------|

| |
|------------------|
| 3 Address |
|------------------|

| |
|---|
| 4 Enter year in space provided and check one box. For the tax year ending December 31, <u>2015</u> , I have been unable to obtain (or have received an incorrect) <input checked="" type="checkbox"/> Form W-2 OR <input type="checkbox"/> Form 1099-R. <i>am notifying</i> I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5. |
|---|

| | |
|--|---|
| 5 Employer's or payer's name, address, and ZIP code Mason Electric Company, 13955 Balboa Blvd, Sylmar, CA 91342-1084 | 6 Employer's or payer's identification number (if known) 91-1720628 |
|--|---|

| | |
|--|--|
| 7 Form W-2. Enter wages, tips, other compensation, and taxes withheld. | |
| a Wages, tips, and other compensation <u>0.00</u> b Social security wages <u>0.00</u> c Medicare wages and tips <u>0.00</u> d Social security tips <u>0.00</u> e Federal income tax withheld <u>6276.00</u> | f State income tax withheld <u>1763.00</u> (Name of state) <u>California</u> g Local income tax withheld <u>0.00</u> (Name of locality) <u>NA</u> h Social security tax withheld <u>3182.00</u> i Medicare tax withheld <u>744.00</u> |

| | |
|--|---|
| 8 Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc. | |
| a Gross distribution <u>0.00</u> b Taxable amount <u>0.00</u> c Taxable amount not determined <input type="checkbox"/> d Total distribution <input type="checkbox"/> e Capital gain (included in line 8b) <u>0.00</u> | f Federal income tax withheld <u>0.00</u> g State income tax withheld <u>0.00</u> h Local income tax withheld <u>0.00</u> i Employee contributions <u>0.00</u> j Distribution codes <u>0</u> <u>0</u> |

| |
|--|
| 9 How did you determine the amounts on lines 7 and 8 above? |
|--|

Party identified as "Payer" on Line 5 provided a W-2 which erroneously alleged payment of IRC Section 3121(a) and 3401(a) transactions in Line 7(a) and are hereby disputed. I deny that said Payer and I had any IRC Section 3121(a) and 3401(a) transactions in 2015.

| |
|---|
| 10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement. |
|---|

None