Your na		me:	our SSN or ITIN	l:		
ISR Penalty 25		If you and your household had full-year health care coverage, check to See instructions. Medicare Part A or C coverage is qualifying health of If you did not check the box, see instructions.  Individual Shared Responsibility (ISR) Penalty. See instructions	are coverage	 27		 • 00
Overpaid Tax/Tax Due	28	Payments after Individual Shared Responsibility Penalty. If line 28 is more than line 27, subtract line 27 from line 28		28		.00
	29 30 31			29 30		.00
		subtract line 28 from line 27	•	31		
		Overpaid tax. If line 30 is more than line 21, subtract line 21 from line Tax due. If line 30 is less than line 21, subtract line 30 from line 21. See instructions	_	32		
		See instructions			Amount	100
		California Seniors Special Fund. See instructions	· · · · · · · •	400	Amount	. 00
		Alzheimer's Disease and Related Dementia Voluntary Tax Contribution	on Fund · · · •	401		
		Rare and Endangered Species Preservation Voluntary Tax Contribut	ion Program •	403		
		California Breast Cancer Research Voluntary Tax Contribution Fund	· · · · · •	405		
		California Firefighters' Memorial Voluntary Tax Contribution Fund		406		
		Emergency Food for Families Voluntary Tax Contribution Fund		407		
		California Peace Officer Memorial Foundation Voluntary Tax Contribu	ution Fund •	408		
ributions		California Sea Otter Voluntary Tax Contribution Fund · · · · · · ·		410		
		California Cancer Research Voluntary Tax Contribution Fund	• • • • • • •	413		
Cont		School Supplies for Homeless Children Voluntary Tax Contribution F	und · · · •	422		
		State Parks Protection Fund/Parks Pass Purchase · · · · · · · · ·	· · · · · · · •	423		
		Protect Our Coast and Oceans Voluntary Tax Contribution Fund		424		
		Keep Arts in Schools Voluntary Tax Contribution Fund	• • • • • •	425		
		California Senior Citizen Advocacy Voluntary Tax Contribution Fund		438		
		Native California Wildlife Rehabilitation Voluntary Tax Contribution Fu	und · · · · •	439		
		Rape Kit Backlog Voluntary Tax Contribution Fund	· · · · · · •	440		_ 00

043 3113234 Form 540 2EZ 2023 **Side 3**