

Your name: _____ Your SSN or ITIN: _____

28 Amount from Side 1, line 27 28 _____ 00

35 Nonrefundable renter's credit. (see page 10) ● 35 _____ 00
42 Total tax. Subtract line 35 from line 28. ● 42 _____ 00

43 California income tax withheld (Form(s) W-2, box 17 or CA Sch W-2CG, box 17)..... ● 43 _____ 00

54 Overpaid tax. If line 43 is larger than line 42, subtract line 42 from line 43 ● 54 _____ 00
55 Tax due. If line 43 is less than line 42, subtract line 43 from line 42 55 _____ 00

Contributions
Alzheimer's Disease/Related Disorders Fund ● 58 _____ 00
CA Fund for Senior Citizens ● 59 _____ 00
Rare and Endangered Species Preservation Program ● 60 _____ 00
State Children's Trust Fund for the Prevention of Child Abuse .. ● 61 _____ 00
CA Breast Cancer Research Fund ● 62 _____ 00
CA Firefighters' Memorial Fund..... ● 63 _____ 00
Emergency Food Assistance Program Fund ● 64 _____ 00
CA Peace Officer Memorial Foundation Fund ● 65 _____ 00
CA Military Family Relief Fund ● 66 _____ 00
CA Sea Otter Fund ● 67 _____ 00

68 Add line 58 through line 67. These are your total contributions..... ● 68 _____ 00

69 AMOUNT YOU OWE. Add line 55 and line 68. (see page 10) Do Not Send Cash.
Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 ● 69 _____ 00
Pay Online – Go to our Website at www.ftb.ca.gov and search for Web Pay.

73 REFUND OR NO AMOUNT DUE. Subtract line 68 from line 54.
Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002 ● 73 _____ 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 (see page 10).
Have you verified the routing and account numbers? Use whole dollars only.

All or the following amount of my refund (line 73) is authorized for direct deposit into the account shown below:

Checking _____ ● 74 Direct deposit amount
 Savings _____
● Routing number ● Type ● Account number

The remaining amount of my refund (line 73) is authorized for direct deposit into the account shown below:

Checking _____ ● 75 Direct deposit amount
 Savings _____
● Routing number ● Type ● Account number

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here

Your signature _____ Spouse's/RDP's signature (if filing jointly, both must sign) _____ Daytime phone number (optional) _____

X _____ X _____ Date _____
Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) _____ Paid Preparer's SSN/PTIN _____

Firm's name (or yours if self-employed) _____ Firm's address _____ FEIN _____

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

Joint return? (see page 10)