

# Instructions for Form FTB 3582

## Payment Voucher for Electronically Transmitted Returns

### General Information

The Franchise Tax Board (FTB) accepts refund and balance due electronically filed state tax returns, such as tax returns filed by an Electronic Return Originator (ERO) or filed from home using an online service provider. If you choose to file a balance due tax return electronically, you will receive a completed form FTB 3582, Payment Voucher for Electronically Transmitted Returns, from the ERO or online service provider along with your paper copy of Form 540, Form 540A, Form 540 2EZ, or the Long or Short Form 540NR. If you need additional copies, you (or your transmitter) can download California tax forms and publications from the FTB Website at: [www.ftb.ca.gov](http://www.ftb.ca.gov)

#### Private Mailbox (PMB) Numbers

If you lease a private mailbox (PMB) from a private business, rather than a PO box from the United States Postal Service, include the box number in the field labeled "PMB no." in the address area.

### Purpose

Use this form only if you:

- Filed your tax return electronically, and
- Have a balance due.

### General Instructions

Did your ERO or online service provider give you a completed form FTB 3582?

**Yes.** Go to number 1. **No.** Go to number 2.

1. Verify that the following information is correct before you write your check or money order:

- Name(s);
- Address;
- Social security number(s); and
- Amount of payment.

If you need to make a change, use a black or blue ink pen to draw a line through the incorrect information and clearly print the new information. Scanning machines may not be able to read other colors of ink or pencil. Then go to number 3.

2. If you have a balance due, complete the voucher at the bottom of this page. Print your name(s), address, social security number(s), and amount of payment in the space provided. Print all names and

words in CAPITAL LETTERS. Use black or blue ink pen. Scanning machines may not be able to read other colors of ink or pencil. Verify that the following information is complete:

- Name(s);
- Address;
- Social security number(s); and
- Amount of payment.

The information on form FTB 3582 should match the information that was electronically transmitted by your ERO or online service provider and the information printed on the paper copy of your 2001 Form 540, Form 540A, Form 540 2EZ, or the Long or Short Form 540NR.

3. Make your check or money order payable to "Franchise Tax Board." Write your social security number(s), tax year (2001), and form number (540, 540A, 540 2EZ, or the Long or Short Form 540NR) on your check or money order.
4. Detach the payment voucher from the bottom of this page, only if an amount is owed. **Mail your check or money order and form FTB 3582 to:**

FRANCHISE TAX BOARD  
PO BOX 942867  
SACRAMENTO CA 94267-0008

**Note:** Do not send the paper copy of your tax return to the FTB. Keep it for your records.

### When to Make Your Payment

If you have a balance due on your 2001 return, send form FTB 3582 to the FTB with your payment for the full amount by April 15, 2002.

If you cannot pay the full amount you owe by April 15, 2002, pay as much as you can when you mail in this payment voucher to avoid additional charges. You may request to make monthly payments by getting and filing form FTB 3567, Installment Agreement Request. To order this form, use the Internet address shown in General Information or call (800) 338-0505, select ordering personal income tax forms, then tax forms request and enter code 949.

### Penalties and Interest

If you fail to pay the full amount you owe by April 15, 2002, a late payment penalty and interest will be added to your tax due.

✂ DETACH HERE — — — — — IF NO PAYMENT IS DUE, DO NOT MAIL — — — — — DETACH HERE ✂  
(Calendar year – Due April 15, 2002)

TAXABLE YEAR **2001** Payment Voucher for Electronically Transmitted Returns CALIFORNIA FORM **3582 (e-file)**

Your first name	Initial	Last name	Your social security number
If joint payment, spouse's first name	Initial	Spouse's last name if different from yours	Spouse's social security number
Present home address – number and street, PO Box, or rural route			Apt. no. PMB no.
City, town or post office			State ZIP Code

**IF NO PAYMENT IS DUE, DO NOT FILE THIS FORM. IF AN AMOUNT IS OWED.**

MAIL TO: FRANCHISE TAX BOARD  
PO BOX 942867  
SACRAMENTO CA 94267-0008

**Do not send a paper copy of your tax return with the payment voucher.**

Amount of payment

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