



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) \_\_\_\_\_

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

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 \_\_\_\_\_

Joint return? (see page 10)

Firm's name (or yours if self-employed) \_\_\_\_\_ Firm's address \_\_\_\_\_ ● FEIN \_\_\_\_\_