

Your name: _____ Your SSN or ITIN: _____

28 Amount from Side 1, line 27 28 _____ 00

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

Overpaid Tax Payments or Tax Due
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

Table with 2 columns: Code, Amount. Rows include Alzheimer's Disease/Related Disorders Fund (401), CA Fund for Senior Citizens (402), Rare and Endangered Species Preservation Program (403), State Children's Trust Fund for the Prevention of Child Abuse (404), CA Breast Cancer Research Fund (405), CA Firefighters' Memorial Fund (406), Emergency Food For Families Fund (407), CA Peace Officer Memorial Foundation Fund (408), CA Military Family Relief Fund (409), CA Sea Otter Fund (410), CA Ovarian Cancer Research Fund (411), Municipal Shelter Spay-Neuter Fund (412), CA Cancer Research Fund (413), ALS/Lou Gehrig's Disease Research Fund (414).

68 Add code 401 through code 414. These are your total contributions. 68 _____ 00

Amount You Owe
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 ftb.ca.gov and search for web pay.

Refund and Direct Deposit
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 [] Savings 74 Direct deposit amount
• Routing number • Type • Account number
The remaining amount of my refund (line 73) is authorized for direct deposit into the account shown below:
[] Checking [] Savings 75 Direct deposit amount
• 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 _____
Do you want to allow another person to discuss this return with us (see page 11)? [] Yes [] No
Print Third Party Designee's Name _____ Telephone Number _____