

Your name: _____ Your SSN or ITIN: _____

50 Amount from Side 1, line 42 50 _____ 00

61 Nonrefundable renter's credit. (see page 10) ● 61 _____ 00
74 Total tax. Subtract line 61 from line 50. ● 74 _____ 00

81 California income tax withheld (Form(s) W-2, box 17)..... ● 81 _____ 00

103 Overpaid tax. If line 81 is larger than line 74, subtract line 74 from line 81 ● 103 _____ 00

104 Tax due. If line 81 is less than line 74, subtract line 81 from line 74 104 _____ 00

Table with columns: Code, Amount, Code, Amount. Rows include various contribution funds like Alzheimer's Disease/Related Disorders Fund, California Fund for Senior Citizens, etc.

120 Add code 401 through code 419. This is your total contribution ● 120 _____ 00

121 AMOUNT YOU OWE. Add line 104 and line 120. (see page 10) Do Not Send Cash.
Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 ● 121 _____ 00
Pay Online - Go to ftb.ca.gov and search for web pay.

125 REFUND OR NO AMOUNT DUE. Subtract line 120 from line 103.
Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002 ● 125 _____ 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 125) is authorized for direct deposit into the account shown below:
[] Checking [] Savings
● Routing number ● Type ● Account number ● 126 Direct deposit amount
The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:
[] Checking [] Savings
● Routing number ● Type ● Account number ● 127 Direct deposit amount

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) () _____
Date _____
Your email address (optional). Enter only one email address. _____
Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) ● PTIN _____
Firm's name (or yours if self-employed) Firm's address ● FEIN _____
Do you want to allow another person to discuss this tax return with us? (see page 11) ● [] Yes [] No
Print Third Party Designee's Name _____ Telephone Number _____