



Your name: \_\_\_\_\_ Your SSN or ITIN: \_\_\_\_\_

**Overpaid Tax/ Tax Due**

**21a** Enter the amount from Side 1, line 21 ..... **21a** \_\_\_\_\_ 0.0

**22** Total tax withheld (federal Form W-2, box 17 or Form 1099-R, box 10) ..... ● **22** \_\_\_\_\_ 0.0

**23** Overpaid tax. If line 22 is more than line 21a, subtract line 21a from line 22 ..... ● **23** \_\_\_\_\_ 0.0

**24** Tax due. If line 22 is less than line 21a, subtract line 22 from line 21a. See instructions, page 7 ..... **24** \_\_\_\_\_ 0.0

**Use Tax** **25** Use tax. **This is not a total line.** See instructions, page 7 . ● **25** \_\_\_\_\_ 0.0

**Voluntary Contributions**

	Code	Amount		Code	Amount
CA Seniors Special Fund. See page 11 . . .	● 400	00	CA Peace Officer Memorial Foundation Fund	● 408	00
Alzheimer's Disease/Related Disorders Fund	● 401	00	CA Military Family Relief Fund . . . . .	● 409	00
CA Fund for Senior Citizens . . . . .	● 402	00	CA Sea Otter Fund . . . . .	● 410	00
Rare and Endangered Species Preservation Program . . . . .	● 403	00	CA Ovarian Cancer Research Fund . . . . .	● 411	00
State Children's Trust Fund for the Prevention of Child Abuse . . . . .	● 404	00	Municipal Shelter Spay-Neuter Fund . . . . .	● 412	00
CA Breast Cancer Research Fund . . . . .	● 405	00	CA Cancer Research Fund . . . . .	● 413	00
CA Firefighters' Memorial Fund . . . . .	● 406	00	ALS/Lou Gehrig's Disease Research Fund	● 414	00
Emergency Food For Families Fund . . . . .	● 407	00			

**26** Add amounts in code 400 through code 414. These are your total contributions. . . . . ● **26** \_\_\_\_\_ 0.0

**Amount You Owe** **27 AMOUNT YOU OWE.** Add line 24, line 25, and line 26. If line 23 is less than line 25 and line 26, enter the difference here. See instructions, page 9 (**Do Not Send Cash**). Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** . . . . . ● **27** \_\_\_\_\_ 0.0

Pay online – Go to [ftb.ca.gov](http://ftb.ca.gov) and search for **web pay**.

**Direct Deposit (Refund Only)** **28 REFUND OR NO AMOUNT DUE.** Subtract line 25 and line 26 from line 23. See instructions, page 10. Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002** . . . . . ● **28** \_\_\_\_\_ 0.0

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. **Have you verified the routing and account numbers?** Use whole dollars only.

All or the following amount of my refund (line 28) is authorized for direct deposit into the account shown below:

Checking  
 Savings

\_\_\_\_\_ ● Routing number      \_\_\_\_\_ ● Type      \_\_\_\_\_ ● Account number      \_\_\_\_\_ ● **29** Direct deposit amount

The remaining amount of my refund (line 28) is authorized for direct deposit into the account shown below:

Checking  
 Savings

\_\_\_\_\_ ● Routing number      \_\_\_\_\_ ● Type      \_\_\_\_\_ ● Account number      \_\_\_\_\_ ● **30** Direct deposit amount

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the information on this return 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 instructions, page 10. Firm's name (or yours if self-employed) \_\_\_\_\_ ● FEIN \_\_\_\_\_

Firm's address \_\_\_\_\_

Do you want to allow another person to discuss this return with us (see page 10)? . . . . . ●  Yes  No

\_\_\_\_\_ ( ) \_\_\_\_\_  
 Print Third Party Designee's Name Telephone Number