

Your name: _____ Your SSN or ITIN: _____

	50	Enter the amount from Side 1, line 42	50	00
Special Credits	51	Credit for joint custody head of household (see page 18) ●	51	00
	52	Credit for dependent parent (see page 18) ●	52	00
	53	Credit for senior head of household (see page 19) ●	53	00
	54	Credit percentage. Divide line 35 by line 19. If more than 1, enter 1.0000 (see page 19)	54	_____
	55	Credit amount (see page 19) ●	55	00
	56	New jobs credit, amount generated (see page 19) ●	56	00
	57	New jobs credit, amount claimed (see page 19) ●	57	00
	58	Enter credit name _____ code no _____ and amount. . . ▶	58	00
	59	Enter credit name _____ code no _____ and amount. . . ▶	59	00
	60	To claim more than two credits (see page 19) ●	60	00
61	Nonrefundable renter's credit (see page 57) ●	61	00	
62	Add line 55 and line 57 through line 61. These are your total credits	62	00	
63	Subtract line 62 from line 50. If less than zero, enter -0-	63	00	

Other Taxes	71	Alternative minimum tax. Attach Schedule P (540NR) ●	71	00
	72	Mental Health Services Tax (see page 20) ●	72	00
	73	Other taxes and credit recapture (see page 20) ●	73	00
	74	Add line 63, line 71, line 72, and line 73. This is your total tax. ●	74	00

81	California income tax withheld (see page 20) ●	81	00
82	2010 CA estimated tax and other payments (see page 20) ●	82	00
83	Real estate and other withholding (see page 20) ●	83	00
84	Excess SDI (or VPDI) withheld. To see if you qualify (see page 21) ●	84	00

Child and Dependent Care Expenses Credit (see page 21). Attach form FTB 3506.

Payments	85	Qualifying person's social security number ●	85	____ - ____ - ____
	86	Qualifying person's social security number ●	86	____ - ____ - ____
	87	Enter the amount from form FTB 3506, Part III, line 8 ●	87	00
	88	Child and Dependent Care Expenses Credit from form FTB 3506, Part III, line 12 ●	88	00
	89	Add line 81, line 82, line 83, line 84, and line 88. These are your total payments.	89	00

Overpaid Tax/Due	101	Overpaid tax. If line 89 is more than line 74, subtract line 74 from line 89	101	00
	102	Amount of line 101 you want applied to your 2011 estimated tax ●	102	00
	103	Overpaid tax available this year. Subtract line 102 from line 101 ●	103	00
	104	Tax due. If line 89 is less than line 74, subtract line 89 from line 74	104	00

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Contributions		Code	Amount
	California Seniors Special Fund. See instructions (see page 21)	● 400	00
	Alzheimer's Disease/Related Disorders Fund	● 401	00
	California Fund for Senior Citizens	● 402	00
	Rare and Endangered Species Preservation Program	● 403	00
	State Children's Trust Fund for the Prevention of Child Abuse	● 404	00
	California Breast Cancer Research Fund	● 405	00
	California Firefighters' Memorial Fund	● 406	00
	Emergency Food for Families Fund	● 407	00
	California Peace Officer Memorial Foundation Fund	● 408	00
	California Sea Otter Fund	● 410	00
	California Cancer Research Fund	● 413	00
	Arts Council Fund	● 415	00
	California Police Activities League (CALPAL) Fund	● 416	00
	California Veterans Homes Fund	● 417	00
	Safely Surrendered Baby Fund	● 418	00
	120 Add code 400 through code 418. This is your total contribution	● 120	00

Amount You Owe

121 AMOUNT YOU OWE. Add line 104 and line 120 (see page 22). **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**.

Interest and Penalties

122 Interest, late return penalties, and late payment penalties. **122** _____ 00
123 Underpayment of estimated tax. Fill in the circle: ○ **FTB 5805 attached** ○ **FTB 5805F attached** ● **123** _____ 00
124 Total amount due (see page 23). Enclose, but **do not** staple, any payment. **124** _____ 00

Refund and Direct Deposit

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 23). **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 _____ ● **126** Direct deposit amount

● Routing number ● Type ● Account number

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:

Checking _____
 Savings _____ ● **127** Direct deposit amount

● Routing number ● Type ● Account number

IMPORTANT: Attach a copy of your complete federal return.

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.

Your signature	Spouse's/RDP's signature (if a joint tax return, both must sign)	Daytime phone number (optional) (_____) _____
X _____	X _____	Date _____

Sign Here

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

Joint tax return? (see page 23)

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)		● Paid preparer's PTIN/SSN
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 23)? ● Yes No

 Print Third Party Designee's Name Telephone Number