



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

CA Taxable Income	31	Tax. Check the box if from: <input type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803 . . . . .	<input checked="" type="radio"/> 31	00
	32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 45. . . . .	<input checked="" type="radio"/> 32	00
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 49 . . . . .	<input checked="" type="radio"/> 35	00
	36	CA Tax Rate. Divide line 31 by line 19 . . . . .	36	
	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36. . . . .	37	00
	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000.   38		
	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$169,730 (see page 19) . . . . .	39	00
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- . . . . .	40	00
	41	Tax (see page 20). Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A . . . . .	<input checked="" type="radio"/> 41	00
	42	Add line 40 and line 41. . . . .	<input checked="" type="radio"/> 42	00
Special Credits	50	Nonrefundable Child and Dependent Care Expenses Credit (see page 20). Attach form FTB 3506. . . . .	<input checked="" type="radio"/> 50	00
	51	Credit for joint custody head of household (see page 20) . . . . .	<input checked="" type="radio"/> 51	00
	52	Credit for dependent parent (see page 20) . . . . .	<input checked="" type="radio"/> 52	00
	53	Credit for senior head of household (see page 21) . . . . .	<input checked="" type="radio"/> 53	00
	54	Credit percentage. Divide line 35 by line 19. If more than 1, enter 1.0000 (see page 21) . . . . .	54	
	55	Credit amount (see page 21). . . . .	<input checked="" type="radio"/> 55	00
	56	New jobs credit, amount generated (see page 21) . . . . .	<input checked="" type="radio"/> 56	00
	57	New jobs credit, amount claimed (see page 21) . . . . .	<input checked="" type="radio"/> 57	00
	58	Enter credit name   _____ code number _____ and amount. ▶	58	00
	59	Enter credit name   _____ code number _____ and amount. ▶	59	00
60	To claim more than two credits (see page 21) . . . . .	<input checked="" type="radio"/> 60	00	
61	Nonrefundable renter's credit (see page 61) . . . . .	<input checked="" type="radio"/> 61	00	
62	Add line 50, line 55, and line 57 through 61. These are your total credits . . . . .	62	00	
63	Subtract line 62 from line 42. If less than zero, enter -0- . . . . .	63	00	
Other Taxes	71	Alternative minimum tax. Attach Schedule P (540NR) . . . . .	<input checked="" type="radio"/> 71	00
	72	Mental Health Services Tax (see page 22) . . . . .	<input checked="" type="radio"/> 72	00
	73	Other taxes and credit recapture (see page 22) . . . . .	<input checked="" type="radio"/> 73	00
	74	Add line 63, line 71, line 72, and line 73. This is your total tax. . . . .	<input checked="" type="radio"/> 74	00
Payments	81	California income tax withheld (see page 22) . . . . .	<input checked="" type="radio"/> 81	00
	82	2012 CA estimated tax and other payments (see page 22) . . . . .	<input checked="" type="radio"/> 82	00
	83	Real estate and other withholding (see page 23) . . . . .	<input checked="" type="radio"/> 83	00
	84	Excess SDI (or VPD) withheld. (see page 23) . . . . .	<input checked="" type="radio"/> 84	00
	85	Add line 81, line 82, line 83, and line 84. These are your total payments . . . . .	85	00
Overpaid Tax/Tax Due	101	Overpaid tax. If line 85 is more than line 74, subtract line 74 from line 85 . . . . .	101	00
	102	Amount of line 101 you want applied to your 2013 estimated tax. . . . .	<input checked="" type="radio"/> 102	00
	103	Overpaid tax available this year. Subtract line 102 from line 101. . . . .	<input checked="" type="radio"/> 103	00
	104	Tax due. If line 85 is less than line 74, subtract line 85 from line 74 . . . . .	104	00

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

Contributions	Code	Amount	Code	Amount
	California Seniors Special Fund (see page 23)	● 400	00	California Sea Otter Fund
Alzheimer's Disease/Related Disorders Fund	● 401	00	Municipal Shelter Spay-Neuter Fund	● 412 00
California Fund for Senior Citizens	● 402	00	California Cancer Research Fund	● 413 00
Rare and Endangered Species Preservation Program	● 403	00	ALS/Lou Gehrig's Disease Research Fund	● 414 00
State Children's Trust Fund for the Prevention of Child Abuse	● 404	00	Child Victims of Human Trafficking Fund	● 419 00
California Breast Cancer Research Fund	● 405	00	California YMCA Youth and Government Fund	● 420 00
California Firefighters' Memorial Fund	● 406	00	California Youth Leadership Fund	● 421 00
Emergency Food for Families Fund	● 407	00	School Supplies for Homeless Children Fund	● 422 00
California Peace Officer Memorial Foundation Fund	● 408	00	State Parks Protection Fund/Parks Pass Purchase	● 423 00
<b>120</b> Add code 400 through code 423. This is your total contribution			● 120	00

**121 AMOUNT YOU OWE.** Add line 104 and line 120 (see page 24). **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** for more information.

**122** Interest, late return penalties, and late payment penalties. 122 00  
**123** Underpayment of estimated tax. Check the box:  FTB 5805 attached  FTB 5805F attached ● 123 00  
**124** Total amount due (see page 25). Enclose, but **do not** staple, any payment. 124 00

**125 REFUND OR NO AMOUNT DUE.** Subtract line 120 from line 103.  
 Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ● 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 25). **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 tax 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) \_\_\_\_\_

**Sign Here**

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

Joint tax return? (see page 25)

X \_\_\_\_\_ X \_\_\_\_\_ 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 25) ●  Yes  No

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