



Reimbursement Invoice for Fiscal Year Ending June 30, 20____

Financial institutions may be entitled to reimbursement from the Franchise Tax Board (FTB) for a Financial Institution Record Match (FIRM) one-time start up cost not to exceed \$2,500 and up to \$250 per quarter for conducting the FIRM data match (Revenue and Taxation Code Section 19266). Reimbursement is based on the FIRM data match services performed during the State's fiscal year ending June 30. For more information go to ftb.ca.gov and search for **firm**.

Participating FIRM financial institutions must complete and submit an STD 204, Payee Data Record Reimbursement Invoice no later than 30 days following the end of the State's fiscal year (by July 30). Any FIRM Reimbursement Invoice received after July 30 for the prior fiscal year ending June 30 will not be honored.

Institution Name:	Federal Employer Identification Number (FEIN):
Mailing Address:	Telephone Number (including area code): () -
Institution Contact Name:	Telephone Number (including area code): () -
Contact Name's Email Address:	

A. One-Time Start Up Cost and Reimbursement

The one time start up cost may only be claimed once by the participating FIRM financial institution.

Date(s) start up costs were incurred: _____ Actual cost (not to exceed \$2,500.)
 \$ _____

B. Quarterly Data Match and Reimbursement

Up to four quarters may be submitted at one time. Quarterly matched files are due May 30, August 30, November 30, and February 28, unless the date is changed by the FTB.

Date (by quarter) the data match was submitted to FTB: _____ Actual cost (not to exceed \$250 per quarter.)
 \$ _____
 \$ _____
 \$ _____
 \$ _____

Total Cost of Quarters: \$ _____

Total Amount of (A) and (B) requested: \$ _____

Financial Institutions are responsible for maintaining supporting documentation of these expenditures for 3 years.
 The above financial institution has approved this cost for submission.

Officer's Name (please print):	Title:
Signature:	Date:

Upon completion, please send this Reimbursement Invoice to:

ACCOUNTING AND FINANCIAL RESOURCES SECTION
 FRANCHISE TAX BOARD
 PO BOX 2800
 SACRAMENTO CA 95812-2800

For Internal Use: Invoice Number: _____ Approval Signature: _____

If you have any questions, please send an email to FTBFIRMhelp@ftb.ca.gov