TAXABLE YEAR		CALIFORNIA FORM
Tax Deposit Refund and Train	nsfer Request	3581
For calendar year or fiscal year beginning month day y	ear, and ending month	day year
Name(s) as shown on tax return		Your SSN or ITIN
		Spouse's/RDP's SSN or ITIN
Address (number and street, suite, room, PO Box, or PMB no.)		FEIN
City	State Zip Code	CA corporation no.
Soly Control of the C	Zip Godo	on corporation no.
		Secretary of State (SOS) file number
Type of tax: Personal income tax Corporate tax Tax deposit payment \$ Date of payment: What is the requested action? Refund Transfer to anoth Amount to be refunded \$ Amount \$ to be transferred to Signature of individual, owner, officer, or authorized representative and Signature and	ner taxable year Convert defic refund claim taxable year.	ciency administrative action to action on a
Here If joint return, spouse's/RDP's signature (It is unlawful to forge a spouse	's/RDP's signature.)	Date
General Information	C How to Complete	Form FTB 3581
A Purpose		oper application of your request, enter all the
Use form FTB 3581, Tax Deposit Refund and Transfer Request, to:	applicable information requested on the form. Make sure to enter the:	
Request the refund of all or part of a tax deposit,	Four-digit taxable year in the box at the top of the form, and complete the	
 Transfer all or part of a tax deposit, or Convert a pending deficiency protest or appeal to a claim for refund. 	first line as applicable.	
In general, you can request the refund or the transfer of a tax deposit at any	 Social Security Number(s) (SSN) or Individual Taxpayer Identification Number(s) (ITIN). California corporation number, California Secretary of State (SOS) file number, or Federal Employer Identification Number (FEIN). 	
time before the Franchise Tax Board (FTB) applies the deposit amount to		
satisfy a final tax liability.		ount to be refunded, and/or the amount to be
B Convert Pending Deficiency Action to a Claim	transferred to another taxable	e year.
for Refund	Registered Domestic Partners (
If you use this form to transfer a tax deposit amount to another taxable year, or if you have a tax deposit amount on account, and you wish to convert any pending deficiency protest or appeal to a claim for refund before there is a final tax liability for that taxable year, you must provide a statement in writing asking the FTB to convert the administrative deficiency dispute to an administrative claim dispute. To satisfy the written statement requirement, you must file a	For purposes of California income tax, references to a spouse, husband, or wife also refers to a California RDP, unless otherwise specified. When we use the initials RDP, they refer to both a California registered domestic "partner" and a California registered domestic "partnership," as applicable. For more information on RDPs, get FTB Pub. 737, Tax Information for Registered Domestic Partners. Private Mail Box (PMB) in the address field. Write "PMP," first, they the tax purpose.	
separate form FTB 3581 for that taxable year and check the option that states: 'Convert deficiency administrative action to action on a refund claim."	Include the PMB in the address field. Write "PMB" first, then the box number. Example: 111 Main Street PMB 123.	

When the FTB receives form FTB 3581, the FTB will finalize the deficiency, and apply the tax deposit amount toward your deficiency amount, including interest and any amnesty penalty (if applicable). If the tax deposit amount is not enough to pay the final deficiency amount, including penalties, fees, and interest, the claim becomes an informal claim. You will receive a bill for the remaining amount due. The FTB cannot act on the claim until the tax liability for that taxable year is fully paid. The six-month "deemed denial" period does not start to run until the tax liability for that taxable year is fully paid, and the informal claim is a perfected claim.

D Where to File

Submit a separate form FTB 3581 for each taxable year.

For **individuals**, mail this form to:

FRANCHISE TAX BOARD PO BOX 942840 **SACRAMENTO CA 94240-0040**

For corporations, LPs, LLPs, REMICs, or LLCs, mail this form to:

FRANCHISE TAX BOARD PO BOX 942857 **SACRAMENTO CA 94257-0540**