



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

California Taxable Income

<b>31</b>	Tax on the amount shown on line 19 .....	● 31	_____	00
<b>32</b>	CA adjusted gross income. Add wages from line 12 and California taxable interest (Form 1099, box 1). Military servicemembers see line 14 instructions, page 10 .....	● 32	_____	00
<b>33</b>	CA Standard Deduction Percentage. Divide line 32 by line 17. If more than 1, enter 1.0000 .....	33	_____	
<b>34</b>	CA Prorated Standard Deduction. Multiply line 18 by line 33 .....	▮ 34	_____	00
<b>35</b>	CA Taxable Income. Subtract line 34 from line 32. If less than zero, enter -0- .....	● 35	_____	00
<b>36</b>	CA Tax Rate. Divide line 31 by line 19 .....	▮ 36	_____	
<b>37</b>	CA Tax Before Exemption Credits. Multiply line 35 by line 36 .....	▮ 37	_____	00
<b>38</b>	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000 .....	▮ 38	_____	
<b>39</b>	CA Prorated Exemption Credits. Multiply line 11 by line 38 .....	▮ 39	_____	00
<b>42</b>	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- .....	● 42	_____	00

Nonrefundable Renter's Credit

<b>61</b>	Nonrefundable renter's credit (see page 10) .....	● 61	_____	00
<b>74</b>	Total tax. Subtract line 61 from line 42 .....	● 74	_____	00

Payments

<b>81</b>	California income tax withheld (Form(s) W-2, box 17) .....	● 81	_____	00
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Overpaid Tax or Tax Due

<b>103</b>	Overpaid tax. If line 81 is larger than line 74, subtract line 74 from line 81 .....	● 103	_____	00
<b>104</b>	Tax due. If line 81 is less than line 74, subtract line 81 from line 74 .....	▮ 104	_____	00

Contributions	Code	Amount	Code	Amount	
	Alzheimer's Disease/Related Disorders Fund .....	● 401	00	California Sea Otter Fund .....	● 410
California Fund for Senior Citizens .....	● 402	00	Municipal Shelter Spay-Neuter Fund .....	● 412	00
Rare and Endangered Species Preservation Program .....	● 403	00	California Cancer Research Fund .....	● 413	00
State Children's Trust Fund for the Prevention of Child Abuse .....	● 404	00	ALS/Lou Gehrig's Disease Research Fund .....	● 414	00
California Breast Cancer Research Fund .....	● 405	00	Child Victims of Human Trafficking Fund .....	● 419	00
California Firefighters' Memorial Fund .....	● 406	00	California YMCA Youth and Government Fund .....	● 420	00
Emergency Food for Families Fund .....	● 407	00	California Youth Leadership Fund .....	● 421	00
California Peace Officer Memorial Foundation Fund .....	● 408	00	School Supplies for Homeless Children Fund .....	● 422	00
			State Parks Protection Fund/Parks Pass Purchase .....	● 423	00
<b>120</b>	Add code 401 through code 423. This is your total contribution .....	● 120	_____	00	

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

**121 AMOUNT YOU OWE.** Add line 104 and line 120 (see page 10). **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.

**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 10).  
**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 \_\_\_\_\_ **.00**  
\_\_\_\_\_  Savings \_\_\_\_\_ **.00**  
● Routing number ● Type ● Account number ● **126** Direct deposit amount

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

\_\_\_\_\_  Checking \_\_\_\_\_ **.00**  
\_\_\_\_\_  Savings \_\_\_\_\_ **.00**  
● Routing number ● Type ● Account number ● **127** Direct deposit amount

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.

# Sign Here

It is unlawful to forge a spouse's/RDP's signature.  
Joint tax return? (see page 11)

Your signature \_\_\_\_\_ Spouse's/RDP's signature (if filing jointly, both must sign) \_\_\_\_\_ Daytime phone number (optional) \_\_\_\_\_  
Date \_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_  
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 11) ..... ●  Yes  No

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