



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

California Taxable Income

- 31 Tax on the amount shown on line 19, see instructions. . . . . ● 31 \_\_\_\_\_ | 00
- 32 CA adjusted gross income. Add wages from line 12 and California taxable interest  
(Form 1099-INT, box 1). Military servicemembers see line 14 instructions . . . . . ● 32 \_\_\_\_\_ | 00
- 33 CA Standard Deduction Percentage. Divide line 32 by line 17. If more than 1, enter 1.0000 . . . . . ● 33 \_\_\_\_\_
- 34 CA Prorated Standard Deduction. Multiply line 18 by line 33. . . . . ● 34 \_\_\_\_\_ | 00
- 35 CA Taxable Income. Subtract line 34 from line 32. If less than zero, enter -0- . . . . . ● 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. . . . . ● 39 \_\_\_\_\_ | 00
- 42 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- . . . . . ● 42 \_\_\_\_\_ | 00

Nonrefundable Renter's Credit

- 61 Nonrefundable renter's credit. See instructions . . . . . ● 61 \_\_\_\_\_ | 00
- 74 Total tax. Subtract line 61 from line 42. If less than zero, enter -0- . . . . . ● 74 \_\_\_\_\_ | 00

Payments

- 81 California income tax withheld (Form(s) W-2, box 17). . . . . ● 81 \_\_\_\_\_ | 00
- 85 Earned Income Tax Credit (EITC) . . . . . ● 85 \_\_\_\_\_ | 00
- 86 Total payments. Add line 81 and line 85. . . . . ● 86 \_\_\_\_\_ | 00

Overpaid Tax or Tax Due

- 103 Overpaid tax. If line 86 is larger than line 74, subtract line 74 from line 86 . . . . . ● 103 \_\_\_\_\_ | 00
- 104 Tax due. If line 86 is less than line 74, subtract line 86 from line 74 . . . . . ● 104 \_\_\_\_\_ | 00

Contributions

	<b>Code</b>	<b>Amount</b>
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund . . . . .	● 401	_____   00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program. . . . .	● 403	_____   00
California Breast Cancer Research Voluntary Tax Contribution Fund . . . . .	● 405	_____   00

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Contributions

	Code	Amount
California Firefighters' Memorial Fund .....	● 406	00
Emergency Food for Families Voluntary Tax Contribution Fund .....	● 407	00
California Peace Officer Memorial Foundation Fund .....	● 408	00
California Sea Otter Fund .....	● 410	00
California Cancer Research Voluntary Tax Contribution Fund .....	● 413	00
School Supplies for Homeless Children Fund .....	● 422	00
State Parks Protection Fund/Parks Pass Purchase .....	● 423	00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund .....	● 424	00
Keep Arts in Schools Voluntary Tax Contribution Fund .....	● 425	00
State Children's Trust Fund for the Prevention of Child Abuse .....	● 430	00
Prevention of Animal Homelessness and Cruelty Fund .....	● 431	00
Revive the Salton Sea Fund .....	● 432	00
California Domestic Violence Victims Fund .....	● 433	00
Special Olympics Fund .....	● 434	00
Type 1 Diabetes Research Fund .....	● 435	00
California YMCA Youth and Government Voluntary Tax Contribution Fund .....	● 436	00
Habitat for Humanity Voluntary Tax Contribution Fund .....	● 437	00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund .....	● 438	00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund .....	● 439	00
Rape Backlog Kit Voluntary Tax Contribution Fund .....	● 440	00
Organ and Tissue Donor Registry Voluntary Tax Contribution Fund .....	● 441	00
National Alliance on Mental Illness California Voluntary Tax Contribution Fund .....	● 442	00
Schools Not Prisons Voluntary Tax Contribution Fund .....	● 443	00
<b>120</b> Add code 401 through code 443. This is your total contribution .....	<b>● 120</b>	00

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**Amount You Owe**

**121 AMOUNT YOU OWE.** Add line 104 and line 120. See instructions. **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/pay](http://ftb.ca.gov/pay) for more information.

**Refund and Direct Deposit**

**125 REFUND OR NO AMOUNT DUE.** Subtract line 120 from line 103. .... ● 125 .....00  
 Mail to:  
**FRANCHISE TAX BOARD  
 PO BOX 942840  
 SACRAMENTO CA 94240-0001**

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 instructions **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

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to [ftb.ca.gov/forms](http://ftb.ca.gov/forms) and search for **1131**. To request this notice by mail, call 800.852.5711.

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	Date	Spouse's/RDP's signature (if a joint tax return, both must sign)
X		X

Your email address. Enter only one email address.       Preferred phone number

# Sign Here

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

Joint tax return? (See instructions)

\_\_\_\_\_  
Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

\_\_\_\_\_  
Firm's name (or yours, if self-employed)      ● PTIN

\_\_\_\_\_  
Firm's address      ● Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. . . . ●  Yes  No

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