

Your name: _____ Your SSN or ITIN: _____

	36	Enter the amount from Side 1, line 35	36		00
Special Credits	40	Nonrefundable Child and Dependent Care Expenses Credit (see page 11). Attach form FTB 3506.	● 40		00
	41	New jobs credit, amount generated (see page 11)	● 41		00
	42	New jobs credit, amount claimed (see page 11).	● 42		00
	43	Enter credit name _____ code number _____ and amount.	▶ 43		00
	44	Enter credit name _____ code number _____ and amount.	▶ 44		00
	45	To claim more than two credits (see page 12). Attach Schedule P (540)	● 45		00
	46	Nonrefundable renter's credit (see page 12).	● 46		00
	47	Add line 40 and line 42 through line 46. These are your total credits.	47		00
48	Subtract line 47 from line 36. If less than zero, enter -0-	48		00	
Other Taxes	61	Alternative minimum tax. Attach Schedule P (540)	● 61		00
	62	Mental Health Services Tax (see page 13)	● 62		00
	63	Other taxes and credit recapture (see page 13)	● 63		00
	64	Add line 48, line 61, line 62, and line 63. This is your total tax.	● 64		00
Payments	71	California income tax withheld (see page 13)	● 71		00
	72	2011 CA estimated tax and other payments (see page 13).	● 72		00
	73	Real estate and other withholding (see page 13)	● 73		00
	74	Excess SDI (or VPDI) withheld (see page 13)	● 74		00
	75	Add line 71, line 72, line 73, and line 74. These are your total payments (see page 14).	75		00
Overpaid Tax/ Tax Due	91	Overpaid tax. If line 75 is more than line 64, subtract line 64 from line 75.	91		00
	92	Amount of line 91 you want applied to your 2012 estimated tax	● 92		00
	93	Overpaid tax available this year. Subtract line 92 from line 91	● 93		00
	94	Tax due. If line 75 is less than line 64, subtract line 75 from line 64.	94		00
Use Tax	95	Use Tax. This is not a total line (see page 14)	● 95		00

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Contributions	Code		Amount		
	Code	Amount	Code	Amount	
California Seniors Special Fund (see page 23)	● 400	00	California Sea Otter Fund	● 410	00
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	Arts Council Fund	● 415	00
California Breast Cancer Research Fund	● 405	00	California Police Activities League (CALPAL) Fund	● 416	00
California Firefighters' Memorial Fund	● 406	00	California Veterans Homes Fund	● 417	00
Emergency Food for Families Fund	● 407	00	Safely Surrendered Baby Fund	● 418	00
California Peace Officer Memorial Foundation Fund	● 408	00	Child Victims of Human Trafficking Fund	● 419	00
110 Add code 400 through code 419. This is your total contribution				● 110	00

111 AMOUNT YOU OWE. Add line 94, line 95, and line 110 (see page 15). **Do not send cash.**
 Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ● 111 _____ 00
 Pay online – Go to **ftb.ca.gov** and search for **web pay**.

112 Interest, late return penalties, and late payment penalties **112** _____ 00
113 Underpayment of estimated tax. Fill in circle: FTB 5805 attached FTB 5805F attached ● 113 _____ 00
114 Total amount due (see page 16). Enclose, but **do not** staple, any payment **114** _____ 00

115 REFUND OR NO AMOUNT DUE. Subtract line 95 and line 110 from line 93 (see page 16).
 Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002** ● 115 _____ 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 17).
Have you verified the routing and account numbers? Use whole dollars only.
 All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:
 Checking _____ 00
 Savings _____ 00
 ● Routing number ● Type ● Account number ● 116 Direct deposit amount
 The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:
 Checking _____ 00
 Savings _____ 00
 ● Routing number ● Type ● Account number ● 117 Direct deposit amount

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax 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 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 17) ● Yes No
 Print Third Party Designee's Name _____ Telephone Number _____