

Your name: _____ Your SSN or ITIN: _____

Tax and Credits	31 Tax (see Tax Table)	31 _____	.00
	32 Exemption credits. Enter the amount from line 11. If line 13 is more than \$169,730, see page 10	32 _____	.00
	40 Nonrefundable Child and Dependent Care Expenses Credit (see page 11). Attach form FTB 3506.	40 _____	.00
	46 Nonrefundable renter's credit (see page 12)	46 _____	.00
	47 Total credits. Add line 32, line 40, and line 46	47 _____	.00
	48 Subtract line 47 from line 31	48 _____	.00
	62 Mental Health Services Tax (see page 13)	62 _____	.00
	64 Add line 48 and line 62. This is your total tax. If less than zero, enter -0-	64 _____	.00

Payments	71 California income tax withheld (see page 13).	71 _____	.00
	72 2012 CA estimated tax and other payments (see page 13)	72 _____	.00
	74 Excess SDI (or VPD) withheld (see page 13)	74 _____	.00
	75 Add line 71, line 72, and line 74. These are your total payments.	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 2013 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 (see page 14)	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	
	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	Child Victims of Human Trafficking Fund	● 419 _____	00
	California Breast Cancer Research Fund	● 405 _____	00	California YMCA Youth and Government Fund	● 420 _____	00
	California Firefighters' Memorial Fund	● 406 _____	00	California Youth Leadership Fund	● 421 _____	00
	Emergency Food for Families Fund	● 407 _____	00	School Supplies for Homeless Children Fund	● 422 _____	00
	California Peace Officer Memorial Foundation Fund	● 408 _____	00	State Parks Protection Fund/Parks Pass Purchase	● 423 _____	00
	110 Add code 400 through code 423. This is your total contribution	110 _____	00			

Your name: _____ Your SSN or ITIN: _____

Amount You Owe

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** for more information.

113 Underpayment of estimated tax. If form FTB 5805 is attached, check this box ● **113** _____ **00**

Refund and Direct Deposit

115 REFUND or NO AMOUNT DUE. Subtract line 95 and line 110 from line 93 (see page 17).
 Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ● **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 _____ **116** Direct deposit amount
 Savings _____
 ● Routing number ● Type ● Account number

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

_____ Checking _____ **117** Direct deposit amount
 Savings _____
 ● Routing number ● Type ● Account number

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.

Sign Here

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

Joint tax return? (see page 17)

Your signature _____ Spouse's/RDP's signature (if a joint tax return, both must sign) _____ Daytime phone number (optional) _____
 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