

Your name: _____ Your SSN or ITIN: _____

35	Total tax from line 34, Side 1		35	00
36	California income tax withheld (see page 15)	● 36		00
37	2007 CA estimated tax and other payments (see page 15)	● 37		00
38	Real estate and other withholding, Forms 592-B, 593-B, and 594 (see page 15)	● 38		00
39	Excess SDI. To see if you qualify (see page 15)	● 39		00

Payments

Child and Dependent Care Expenses Credit (see page 16). Attach form FTB 3506.

● 40	_____	● 41	_____	
● 42	_____00	● 43	_____00	
44	Add line 36, line 37, line 38, line 39, and line 43. These are your total payments (see page 16)		44	00

45	Overpaid tax. If line 44 is more than line 35, subtract line 35 from line 44		45	00
46	Amount of line 45 you want applied to your 2008 estimated tax	● 46		00
47	Overpaid tax available this year. Subtract line 46 from line 45	● 47		00
48	Tax due. If line 44 is less than line 35, subtract line 44 from line 35		48	00

49	Use Tax. This is not a total line (see page 16)	● 49		00
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Use Tax

50	CA Seniors Special Fund (see page 60)	● 50	00	56	CA Firefighters' Memorial Fund	● 56	00
51	Alzheimer's Disease/Related Disorders Fund	● 51	00	57	Emergency Food Assistance Program Fund	● 57	00
52	CA Fund for Senior Citizens	● 52	00	58	CA Peace Officer Memorial Foundation Fund	● 58	00
53	Rare and Endangered Species Preservation Program	● 53	00	59	CA Military Family Relief Fund	● 59	00
54	State Children's Trust Fund for the Prevention of Child Abuse	● 54	00	60	CA Sea Otter Fund	● 60	00
55	CA Breast Cancer Research Fund	● 55	00				

Contributions

61	Add line 50 through line 60. These are your total contributions	● 61		00
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62	AMOUNT YOU OWE. Add line 48, line 49, and line 61 (see page 17). Do not send cash. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001. Pay online – Go to our Website at www.ftb.ca.gov and search for Web Pay.	● 62		00
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Amount You Owe

63	Interest, late return penalties, and late payment penalties		63	00
64	Underpayment of estimated tax. Fill in circle: <input type="radio"/> FTB 5805 attached <input type="radio"/> FTB 5805F attached	● 64		00
65	Total amount due (see page 18). Enclose, but do not staple, any payment		65	00

Interest and Penalties

66	REFUND OR NO AMOUNT DUE. Subtract line 49 and line 61 from line 47 (see page 19). Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002	● 66		00
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Refund and Direct Deposit

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 19). Have you verified the routing and account numbers? **Use whole dollars only.**

All or the following amount of my refund (line 66) is authorized for direct deposit into the account shown below:

Checking Savings

● Routing number ● Type ● Account number ● **67** Direct deposit amount

The remaining amount of my refund (line 66) is authorized for direct deposit into the account shown below:

Checking Savings

● Routing number ● Type ● Account number ● **68** Direct deposit amount

Sign Here

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal return. 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.

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

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

Joint return? (see page 19) _____ _____ Paid preparer's signature (*declaration of preparer is based on all information of which preparer has any knowledge*) _____ Paid preparer's SSN/PTIN _____

Firm's name (or yours, if self-employed) _____ Firm's address _____ FEIN _____