



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

California Taxable Income

- 31 Tax on the amount shown on line 19, see line 31 instructions, page 10. . . . . ● 31 \_\_\_\_\_ | 00
- 32 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
- 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 page 10) . . . . . ● 61 \_\_\_\_\_ | 00
- 74 Total tax. Subtract line 61 from line 42. . . . . ● 74 \_\_\_\_\_ | 00

Payments

- 81 California income tax withheld (Form(s) W-2, box 17). . . . . ● 81 \_\_\_\_\_ | 00

Overpaid Tax or Tax Due

- 103 Overpaid tax. If line 81 is larger than line 74, subtract line 74 from line 81 . . . . . ● 103 \_\_\_\_\_ | 00
- 104 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	00
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	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	
		Protect Our Coast and Oceans Fund . . . . . ● 424	00	
		Keep Arts in Schools Fund . . . . . ● 425	00	
		American Red Cross, California Chapters Fund . . . . . ● 426	00	
120 Add code 401 through code 426. 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. .... ● 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 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 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 (optional). Enter only one email address. \_\_\_\_\_ Daytime phone number (optional) \_\_\_\_\_

# Sign Here

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

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 \_\_\_\_\_ ● 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 \_\_\_\_\_