



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

Tax	31 Tax. Check the box if from: <input type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803 . . . . . <input checked="" type="radio"/> 31	00
	32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$169,730 (see page 10) . . .   32	00
	33 Subtract line 32 from line 31. If less than zero, enter -0- . . . . .   33	00
	34 Tax (see page 11). Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A . . . . . <input checked="" type="radio"/> 34	00
	35 Add line 33 and line 34. . . . .   35	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 35. 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 2012 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 <b>2013</b> 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. <b>This is not a total line</b> (see page 14) . . . . . ● 95	00
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Your name: \_\_\_\_\_ Your SSN or ITIN: \_\_\_\_\_

Contributions	Code	Amount	Code	Amount
	California Seniors Special Fund (see page 23)	400	00	California Sea Otter Fund
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
<b>110</b> Add code 400 through code 423. This is your total contribution				<b>110</b> 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** for more information.

**112** Interest, late return penalties, and late payment penalties. **112** 00  
**113** Underpayment of estimated tax. Check the box:  **FTB 5805 attached**  **FTB 5805F attached** ● **113** 00  
**114** Total amount due (see page 17). 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 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  Savings \_\_\_\_\_ ● **116** Direct deposit amount  
 ● Routing number ● Type ● Account number  
 The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:  
 Checking  Savings \_\_\_\_\_ ● **117** Direct deposit amount  
 ● Routing number ● Type ● Account number

**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 \_\_\_\_\_ Daytime phone number (optional) \_\_\_\_\_  
 (if a joint tax return, both must sign) ( ) \_\_\_\_\_  
**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 \_\_\_\_\_