

Your name: _____ Your SSN or ITIN: _____

40 Enter the amount from Side 1, line 35 **40** _____ |00

Special Credits

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 no _____ and amount. ▶ **43** _____ |00

44 Enter credit name _____ code no _____ and amount. ▶ **44** _____ |00

45 To claim more than two credits (see page 11) ● **45** _____ |00

46 Nonrefundable renter's credit (see page 12). ● **46** _____ |00

47 Add line 42 through line 46. These are your total credits **47** _____ |00

48 Subtract line 47 from line 40. 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 12) ● **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

71 California income tax withheld (see page 13). ● **71** _____ |00

72 2010 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 VPD) withheld (see page 13) ● **74** _____ |00

Child and Dependent Care Expenses Credit (see page 13). Attach form FTB 3506.

Payments

75 Qualifying person's social security number ● **75** _____ - _____ - _____

76 Qualifying person's social security number ● **76** _____ - _____ - _____

77 Enter the amount from form FTB 3506, Part III, line 8. ● **77** _____ |00

78 Child and Dependent Care Expenses Credit from form FTB 3506, Part III, line 12 ● **78** _____ |00

79 Add line 71, line 72, line 73, line 74, and line 78. These are your total payments (see page 14) **79** _____ |00

Overpaid Tax/
Tax Due

91 Overpaid tax. If line 79 is more than line 64, subtract line 64 from line 79. **91** _____ |00

92 Amount of line 91 you want applied to your **2011** estimated tax ● **92** _____ |00

93 Overpaid tax available this year. Subtract line 92 from line 91 ● **93** _____ |00

94 Tax due. If line 79 is less than line 64, subtract line 79 from line 64. **94** _____ |00

Use Tax

95 Use Tax. **This is not a total line** (see page 14) ● **95** _____ |00

Your name: _____ Your SSN or ITIN: _____

Contributions		Code	Amount
	California Seniors Special Fund (see page 22)	● 400	00
	Alzheimer's Disease/Related Disorders Fund	● 401	00
	California Fund for Senior Citizens	● 402	00
	Rare and Endangered Species Preservation Program	● 403	00
	State Children's Trust Fund for the Prevention of Child Abuse	● 404	00
	California Breast Cancer Research Fund	● 405	00
	California Firefighters' Memorial Fund	● 406	00
	Emergency Food for Families Fund	● 407	00
	California Peace Officer Memorial Foundation Fund	● 408	00
	California Sea Otter Fund	● 410	00
	California Cancer Research Fund	● 413	00
	Arts Council Fund	● 415	00
	California Police Activities League (CALPAL) Fund	● 416	00
	California Veterans Homes Fund	● 417	00
	Safely Surrendered Baby Fund	● 418	00
	110 Add code 400 through code 418. This is your total contribution	● 110	00

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** and search for **web pay**.

Interest and Penalties **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

Refund and Direct Deposit **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 16).
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 _____
 ● Routing number ● Type ● Account number ● 116 Direct deposit amount 00
 The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:
 Checking _____
 Savings _____
 ● Routing number ● Type ● Account number ● 117 Direct deposit amount 00

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) () _____
 X _____ X _____ Date _____

Sign Here

It is unlawful to forge a spouse's/RDP's signature.
 Joint tax return? (see page 17)

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**) _____ ● Paid preparer's PTIN/SSN _____
 Firm's name (or yours, if self-employed) _____ Firm's address _____ ● FEIN _____
 Do you want to allow another person to discuss this return with us (see page 17)? ● Yes No
 Print Third Party Designee's Name _____ Telephone Number _____