

**Caution: DRAFT FORM**

This is an advance draft copy of a California tax form. It is subject to change and FTB approval before it is officially released.

If you have any comments on this draft form, you can submit them to us on our website at [www.ftb.ca.gov/forms/drafts/index.html](http://www.ftb.ca.gov/forms/drafts/index.html).



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

70 Enter the amount from Side 1, line 64 ..... 70 ..... 00
71 California income tax withheld (see page 15) ..... 71 ..... 00
72 2009 CA estimated tax and other payments (see page 15) ..... 72 ..... 00
74 Excess SDI (or VPD) withheld. To see if you qualify, (see page 15) ..... 74 ..... 00

Child and Dependent Care Expenses Credit (see page 16). Attach form FTB 3506.
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 74, and line 78. These are your total payments (see page 16) ..... 79 ..... 00

Overpaid Tax/ Tax Due
91 Overpaid tax. If line 79 is more than line 70, subtract line 70 from line 79 ..... 91 ..... 00
92 Enter the amount of line 91 you want applied to your 2010 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 70, subtract line 79 from line 70. (see page 16) ..... 94 ..... 00

Use Tax
95 Use Tax. This is not a total line. (see page 16) ..... 95 ..... 00

Table with 2 columns: Code, Amount. Lists various contributions like CA Seniors Special Fund, Alzheimer's Disease/Related Disorders Fund, etc.

110 Add code 400 through code 414. This is your total contribution ..... 110 ..... 00

111 AMOUNT YOU OWE. Add line 94, line 95, and line 110 (see page 17). 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.

113 Underpayment of estimated tax. If form FTB 5805 is attached, fill in this circle ..... 113 ..... 00

115 REFUND or NO AMOUNT DUE. Subtract line 95 and line 110 from line 93 (see page 18).
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 18).
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 ..... 00
• Routing number • Type • Account number • 116 Direct deposit amount

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:
[ ] Checking [ ] Savings ..... 00
• Routing number • Type • Account number • 117 Direct deposit amount

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.

Sign Here
Your signature \_\_\_\_\_ Spouse's/RDP's signature (if filing jointly, both must sign) \_\_\_\_\_ Daytime phone number (optional) ( ) \_\_\_\_\_
X \_\_\_\_\_ X \_\_\_\_\_ Date \_\_\_\_\_

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

Joint return? (see page 19) Do you want to allow another person to discuss this return with us (see page 19)? ..... • [ ] Yes [ ] No

Print Third Party Designee's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_