

Your name: _____ Your SSN or ITIN: _____

121 AMOUNT YOU OWE. Add line 104 and line 120. See instructions. **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/pay 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 instructions
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 Savings ● **126** Direct deposit amount
 ● Routing number ● Type ● Account number
 The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:
 Checking Savings ● **127** Direct deposit amount
 ● Routing number ● Type ● Account number

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for **1131**. To request this notice by mail, call 800.852.5711.
 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. Enter only one email address. _____
 Preferred phone number _____ () - _____

Sign Here

It is unlawful to forge a spouse's/RDP's signature.
 Joint tax return? (See instructions)

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 instructions. . . . ● Yes No
 Print Third Party Designee's Name _____ Telephone Number _____ () _____