To better assist us in verifying your eligibility, please check the applicable box(es) below. See instructions.	
Primary Taxpayer: By checking the box and signing the tax return to which this form is attached, I certify that I am the primary taxpayer listed on this return and voluntarily consent and authorize the California Department of Social Services and any of its affiliated programs (including, but not limited to, CalWORKS and CalFRESH) to confirm or deny, and disclose relevant information to the State of California Franchise Tax Board regarding, my eligibility for the FYTC	
b Spouse/RDP: By checking the box and signing the tax return to which this form is attached, I certify that I am the spouse/RDP listed on this joint return and voluntarily consent and authorize the California Department of Social Services and any of its affiliated programs (including, but not limited to, CalWORKS and CalFRESH) to confirm or deny, and disclose relevant information to the State of California Franchise Tax Board regarding, my eligibility for the FYTC.	
Note: Each individual who claims the FYTC and does not check the applicable box above must attach to this return a letter issued by a county or state agency confirming that individual's status as a foster youth at or after age 13, or other proof of status, as a condition of receiving the FYTC.	
California earned income. Enter the amount from FTB 3514, line 19 · · · · · · · · · · · • 34	. 00
Available Foster Youth Tax Credit If the amount on line 34 is \$25,775 or less, skip line 36 through line 38 and enter on line 35 and line 39 the following amount. If either the taxpayer or spouse/RDP is claiming the FYTC, enter \$1,117 on line 35 and line 39. If both taxpayer and spouse/RDP are claiming the FYTC, enter \$2,234 on line 35 and line 39. If applicable, complete line 40 and line 41. If the amount on line 34 is greater than \$25,775, complete line 36 through line 38 and enter on line 35 the following amount. If either the taxpayer or spouse/RDP is claiming the FYTC, enter \$1,117 on line 35. If both taxpayer and spouse/RDP are claiming the FYTC, enter \$2,234 on line 35. If applicable, complete line 40 and line 41.	. 00
Excess earned income over threshold. Subtract \$25,775 from line 34 · · · · · · · · · · · • 36	. 00
Divide line 36 by 100. Enter the result as a decimal out to two decimal places, do not round · · · · · · • • 37	
Reduction amount	
 Foster Youth Tax Credit. If you did not need to complete line 36 through line 38, and either the taxpayer or spouse/RDP is claiming the FYTC, the credit is the \$1,117 from line 35. If you did not need to complete line 36 through line 38, and both taxpayer and spouse/RDP are claiming the FYTC, the credit is the \$2,234 from line 35. If you completed line 36 through line 38, to compute your credit, subtract line 38 from line 35. If your credit 	
amount is between \$0 and \$1, enter \$1. If your credit amount is over \$1, round to the nearest whole dollar. This amount should also be entered on Form 540, line 77; or Form 540 2EZ, line 23c • 39	. 00
t X Part-Year Resident Foster Youth Tax Credit (See Step 11 in the instructions.)	
CA exemption credit percentage from Form 540NR, line 38. See instructions	
Part-year resident FYTC. Multiply line line 39 by line 40. This amount should also be entered on Form 540NR, line 87 · · · · · · · · · · · · · · · · · ·	. 00
	torm is statched. I certify that I am the primary taxpayer listed on this return and voluntarily consent and authorize the California Perantment of Social Services and any of its affiliated programs (including, but not limited to, CalWCRKS and California Pranchise Tax Board regarding, my eligibility for the FYTC. • SpouseRDP: By checking the box and signing the tax return to which this form is attached, I certify that I am the spouseRDP itsed on this joint return and voluntarily consent and authorize the California Department of Social Services and any of its affiliated programs (including, but not limited to, CalWCRKS and CalFRESH) to confirm or deny, and disclose relevant information to the State of California Pranchise Tax Board regarding, my eligibility for the FYTC, State in the state of the California Department of Social Services and any of its affiliated programs (including, my eligibility for the FYTC, and California Pranchise Tax Board regarding, my eligibility for the FYTC, and California Pranchise Tax Board regarding, my eligibility for the FYTC, and California Pranchise Tax Board regarding, my eligibility for the FYTC, and california Pranchise Tax Board regarding, my eligibility for the FYTC, and California Pranchise Tax Board regarding, my eligibility for the FYTC, and the Pranchise Tax Board Replace Tax Bo