

Your name:

Your SSN or ITIN:

Amount
You Owe

111 AMOUNT YOU OWE. If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**

Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001**

Pay Online - Go to **ftb.ca.gov/pay** for more information.

• • • • • **111**

.00

Interest and
Penalties

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 instructions. Enclose, but **do not** staple, any payment • • • • • **114**

.00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.

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 instructions. **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:

• Type

• Routing number

☐ Checking

☐ Savings

• 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:

• Type

• Routing number

☐ Checking

☐ Savings

• Account number

• **117** Direct deposit amount

.00

Voter Info.

For voter registration information, check the box and go to **sos.ca.gov/elections**. See instructions • • •

☐

Health Care
Coverage Info.

Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize

the FTB to share limited information from your tax return with Covered California. See instructions • • • • •

☐

Yes

☐

No

Sign your tax return on Side 6