

Your name:

Your SSN or ITIN:

Amount  
You Owe

**121 AMOUNT YOU OWE.** Add line 93, line 104, and line 120. See instructions. **Do not send cash.**

Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** • • 121

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

.00

Interest and  
Penalties

**122** Interest, late return penalties, and late payment penalties . . . . . **122**

.00

**123** Underpayment of estimated tax.

Check the box: • ☐ **FTB 5805 attached** • ☐ **FTB 5805F attached** . . . . . • **123**

.00

**124** Total amount due. See instructions. Enclose, but **do not** staple, any payment . . . . **124**

.00

**125 REFUND OR NO AMOUNT DUE.** Subtract line 120 from line 103. See instructions.

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** • • **125**

.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 125) is authorized for direct deposit into the account shown below:

Refund and Direct Deposit

• Routing number • Type • Account number

☐ Checking  
☐ Savings

• **126** Direct deposit amount

.00

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:

• Routing number • Type • Account number

☐ Checking  
☐ Savings

• **127** 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