

(Keep a copy for your records.)

Name(s)

California ID Number

1. Number of miles from your **old home** to your **new workplace** . . . . . 1. \_\_\_\_\_
2. Number of miles from your **old home** to your **old workplace** . . . . . 2. \_\_\_\_\_
3. Subtract line 2 from line 1. If zero or less, enter -0- . . . . . 3. \_\_\_\_\_

**Is line 3 at least 50 miles?**

- ☐ **Yes.** You meet this test.
- ☐ **No.** You do not meet this test. You **cannot** deduct your moving expenses.
- Do not** complete form FTB 3913.