

D Jackson

January 23, 2019
USPS CERTIFIED # 70171450000105606494

Franchise Tax Board
P.O. Box 942840
Sacramento, Ca. 94240-0001

Hello,

I am submitting an amended return for the 2016 Tax Year. This amended return will amend the return (540) filed for 2016. The returns filed by Payers for 2016 are in error with regard to "Wages" shown (W2-Information Returns). As a result, form 540X, and forms 3525 (one for each Payer) are being submitted to rebut the data on these Information Returns (W2) and amend the return filed for 2016. Additionally, an amended Form 540 (as per instructions) and copies of Federal Forms 1040X, and Federal Forms 4852 (one for each Payer) are attached.

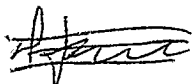
The Payers erroneously withheld, and forwarded to Franchise Tax Board the following amounts:

TOTAL AMOUNTS WITHHELD	\$2,088
WITHHOLDING AMOUNT RETURNED BY F.T.B.	\$1,375
AMOUNT DUE FROM F.T.B.	\$690

Efforts to obtain accurate documents (W2-information returns) from the Payers have been unsuccessful.

Under penalties of perjury, I declare that I have examined the facts stated in this letter, including any accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Thank you for your assistance,

 01/23/2019

D Jackson

2 0 1 6

Amended Individual Income Tax Return

540X

Fiscal year filers only: Enter month of year end and year (mm/yyyy) BE SURE TO COMPLETE AND SIGN SIDE 3

Form fields for personal information: Your first name (D), Last name (Jackson), Suffix, Your SSN or ITIN, Spouse's/RDP's SSN or ITIN, Street address, City, State, ZIP code, Foreign country name, Foreign province/state/county, Foreign postal code.

- a Have you been advised that your original federal tax return has been, is being, or will be audited?
b Filing status claimed on: Original tax return, Amended tax return
c If for the year you are amending, you (or your spouse/RDP) can be claimed as a dependent on someone else's tax return, check this box.
d If claiming head of household, enter name and relationship of qualifying person on:

Table with 4 columns: Description, A. As originally reported/adjusted by the FTB, B. Net change, C. Correct amount. Rows include State wages, Federal adjusted gross income, CA adjustments, Total California adjustments, California adjusted gross income, California itemized deductions, Taxable income, Tax method used, Exemption credits, Special Credits, and Total tax.

Your name: D Jackson

Your SSN or ITIN:

If amending Form 540NR, see General Information D. If amending Forms 540 2EZ, 540, or 540A, see the instructions for lines 1 through 6. All filers: Explain changes on Side 3 and attach your supporting documents.

Table with 3 columns: A. As originally reported/adjusted by the FTB, B. Net change, C. Correct amount. Rows 17-21: California income tax withheld, Withholding, Excess California SDI, Estimated tax payments, Refundable Credits.

Child and Dependent Care Expenses Credit (CDCE)

22 0 23 0 24 \$ 0

Table with 3 columns: A, B, C. Rows 25-33: California Earned Income Tax Credit, Tax paid with original tax return, Total payments, Overpaid tax, Subtract line 28 from line 27, Use tax payments, Voluntary contributions, Subtract line 30 and line 31 from line 29, AMOUNT YOU OWE, Penalties/Interest, REFUND.

Part I Nonresidents or Part-Year Residents Only

Attach and enter the amounts from your revised Short or Long Form 540NR and Schedule CA (540NR). Your amended tax return cannot be processed without this information.

Table with 2 columns: Description, Amount. Rows 1-10: Exemption amount, Federal adjusted gross income, Adjusted gross income from all sources, Itemized deductions or standard deduction, California adjusted gross income, Tax from Schedule G-1 and form FTB 5870A, Special credits and nonrefundable renter's credit, Alternative minimum tax, Mental Health Services Tax, Other taxes and credit recapture.

Your name: D Jackson

Your SSN or ITIN:

Part II Explanation of Changes

- 1 Enter name(s) and address as shown on original return below (if same as shown on this tax return, write "Same"). If changing from separate tax returns to a joint tax return, enter names and addresses from original tax returns. Same
- 2 Are you filing this Form 540X to report a final federal determination? Yes No
If "Yes," attach a copy of the final federal determination and all supporting schedules and data.
- 3 Have you been advised that your original California tax return has been, is being, or will be audited? Yes No
- 4 Did you file an amended tax return with the Internal Revenue Service on a similar basis? See General Information E Yes No

5 **Explanation and Attachments.** Explain your changes below. If needed, attach a separate sheet that includes your name and SSN or ITIN.
 Explain in detail each change made. Include:

- Item being changed.
- Amount previously reported and corrected amount.
- Reason the change was needed.

 Attach:

- Revised California tax return including all forms and schedules.
- Federal tax return and schedules if you made changes.
- Supporting documents, such as corrected W-2s, 1099s, K-1s, etc.

TOTAL STATE WAGES - Originally shown as \$44,673 amended to \$2,279

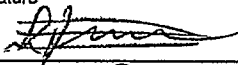
TAX WITHHELD AMOUNT - \$2,088. Previous refund from FTC \$1,375 leaving refund due of \$690

REASON - The Payer(s) errors, showing amounts on the Information Return-W2s as "wages". I received no wages from these Payers for tax year 2016. I am rebutting these entries.

ATTACHMENTS - State, amended Form 540 as per instructions. Two (2) Form 3525 (one for each Payer) for tax year 2016, rebutting Information Returns - W2. Federal, Copy of Form 1040X (amending 1040 filed for tax year 2016), copies of two (2) Form 4852 (one for each Payer) for tax year 2016, rebutting Information Returns - W2

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 and search for **privacy notice**. To request this notice by mail, call 800.852.5711.

Under penalties of perjury, I declare that I have filed an original tax return and I have examined this amended tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended tax return is true, correct, and complete.

Your signature	Date	Spouse's/RDP's signature (if a joint tax return, both must sign)
X 	01/23/2019	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.

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

Where to File Form 540X

Do not file a duplicate amended tax return unless one is requested. This may cause a delay in processing your amended tax return and any claim for refund.

If you are due a refund, have no amount due, or paid electronically, mail your tax return to:

FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001

If you owe, mail your return and check or money order to:

FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001

Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Attach to Forms 540, 540 2EZ, 540NR (Long or Short), or 540X.

1 Your first name, middle initial, and last name D Jackson	2 Your SSN or ITIN
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3 Address (number and street, Apt, suite, PO box, or PMB no., city, state, and ZIP code)

4 ENTER THE YEAR IN THE SPACE PROVIDED AT THE END OF THIS STATEMENT: I notified the Internal Revenue Service that I have been unable to obtain or have received an incorrect Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc., from my employer or payer named below.

The amounts shown below are my best estimates of all wages, tips, other compensation (including noncash payments), retirement payments received, state income tax withheld, and disability insurance withheld by the employer or payer during the 2016 taxable year.

5 Employer's or payer's name, address, city, state, and ZIP code

6 Federal employer identification number (if known) 0	7 State income tax withheld (include the name of the state) 2,088	8 Wages, tips, or other compensation before deductions for taxes, insurance, etc. 0	9 State Disability Insurance withheld 327
10 Dependent care benefits 0	11 Nonqualified plans 0	12 Gross distribution - Qualified plan distributions (IRA, pension, profit-sharing, etc.) 0	
13 Taxable amount - Qualified plan distributions (IRA, pension, profit-sharing, etc.) 0	14 Capital gain (included in Box 13) 0	15 Other 0	

16 How did you determine or estimate the amounts in items 7-15? Attach a copy of your supporting documents, such as your last pay stub or pay statement for the tax year showing the year-to-date totals.

Payer (line 5) error. Issued information Return - W2 showing \$36,347 as "wages". I received no wages from Payer for tax year 2016. I rebut this entry.

17 Give the reason why Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement, was not furnished by your employer or payer, if known. Explain your efforts to obtain the form.

Efforts to obtain an accurate document from the Payer have been unsuccessful.

Sign Here	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 and search for privacy notice . To request this notice by mail, call 800.852.5711.	
	Under penalties of perjury, I declare that I have examined this statement and, to the best of my knowledge and belief, it is true, correct, and complete.	
	Your signature	Date 01-23-2019

Instructions for Form FTB 3525
Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

References in these instructions are to the Internal Revenue Code (IRC) as of January 1, 2015, and to the California Revenue and Taxation Code (R&TC).

General Information

Purpose

Use form FTB 3525, Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc., as a substitute for federal Forms W-2, W-2c, and 1099-R when your employer or payer does not give you a Form W-2 or Form 1099-R, or when your employer or payer has issued an incorrect Form W-2 or Form 1099-R. Attach form FTB 3525 to your tax return.

You should always attempt to get Form W-2 or Form 1099-R from your employer or payer before contacting the Internal Revenue Service (IRS) or filing form FTB 3525. After February 14, 2017, you may call the IRS at 800.829.1040 if you still have not received Form W-2 or Form 1099-R. If you received an incorrect Form W-2 or Form 1099-R, you should always attempt to have your employer or payer issue a corrected form before filing form FTB 3525.

Note: Retain a copy of form FTB 3525 for your records.

Will I need to amend my tax return?

If you receive a Form W-2, Form W-2c, or Form 1099-R, after your tax return is filed with form FTB 3525, and the information differs from the information reported on your tax return, you must amend your tax return by filing Form 540X, Amended Individual Income Tax Return.

Penalties

The Franchise Tax Board will challenge the claims of individuals who attempt to avoid or evade their tax liability by using form FTB 3525 in a manner other than as prescribed. Potential penalties for the improper use of form FTB 3525 include:

- Accuracy-related penalties equal to 20% of the amount of taxes that should have been paid.
- Civil fraud penalties equal to 75% of the amount of taxes that should have been paid.
- A civil penalty for filing a frivolous tax return or submitting a specified frivolous submission as described by the California Revenue and Taxation Code Section 19179 and Internal Revenue Code Section 6702.

2 0 1 6

Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

3525

Attach to Forms 540, 540 2EZ, 540NR (Long or Short), or 540X.

1 Your first name, middle initial, and last name

D Jackson

2 Your SSN or ITIN

3 Address (number and street, Apt, suite, PO box, or PMB no., city, state, and ZIP code)

4 ENTER THE YEAR IN THE SPACE PROVIDED AT THE END OF THIS STATEMENT: I notified the Internal Revenue Service that I have been unable to obtain or have received an incorrect Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc., from my employer or payer named below.

The amounts shown below are my best estimates of all wages, tips, other compensation (including noncash payments), retirement payments received, state income tax withheld, and disability insurance withheld by the employer or payer during the 2016 taxable year.

5 Employer's or payer's name, address, city, state, and ZIP code

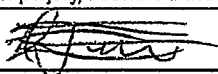
6 Federal employer identification number (if known)	7 State income tax withheld (include the name of the state)	8 Wages, tips, or other compensation before deductions for taxes, insurance, etc.	9 State Disability Insurance withheld
<input checked="" type="radio"/>	<input checked="" type="radio"/> 0	<input checked="" type="radio"/> 0	<input checked="" type="radio"/> 0
10 Dependent care benefits	11 Nonqualified plans	12 Gross distribution - Qualified plan distributions (IRA, pension, profit-sharing, etc.)	
0	0	0	0
13 Taxable amount - Qualified plan distributions (IRA, pension, profit-sharing, etc.)	14 Capital gain (included in Box 13)	15 Other	
0	0	0	0

16 How did you determine or estimate the amounts in items 7-15? Attach a copy of your supporting documents, such as your last pay stub or pay statement for the tax year showing the year-to-date totals.

Payer (line 5) error. Issued an Information Return - W2 showing \$182 as "wages". I received no wages from Payer for tax year 2016. I rebut this entry.

17 Give the reason why Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement, was not furnished by your employer or payer, if known. Explain your efforts to obtain the form.

Efforts to obtain an accurate document from the Payer have been unsuccessful.

Sign Here	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 and search for privacy notice. To request this notice by mail, call 800.852.5711.	
	Under penalties of perjury, I declare that I have examined this statement and, to the best of my knowledge and belief, it is true, correct, and complete.	
	Your signature	Date
		01-23-2019

Instructions for Form FTB 3525

Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

References in these instructions are to the Internal Revenue Code (IRC) as of January 1, 2015, and to the California Revenue and Taxation Code (R&TC).

General Information

Purpose

Use form FTB 3525, Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc., as a substitute for federal Forms W-2, W-2c, and 1099-R when your employer or payer does not give you a Form W-2 or Form 1099-R, or when your employer or payer has issued an incorrect Form W-2 or Form 1099-R. Attach form FTB 3525 to your tax return.

You should always attempt to get Form W-2 or Form 1099-R from your employer or payer before contacting the Internal Revenue Service (IRS) or filing form FTB 3525. After February 14, 2017, you may call the IRS at 800.829.1040 if you still have not received Form W-2 or Form 1099-R.

If you received an incorrect Form W-2 or Form 1099-R, you should always attempt to have your employer or payer issue a corrected form before filing form FTB 3525.

Note: Retain a copy of form FTB 3525 for your records.

Will I need to amend my tax return?

If you receive a Form W-2, Form W-2c, or Form 1099-R, after your tax return is filed with form FTB 3525, and the information differs from the information reported on your tax return, you must amend your tax return by filing Form 540X, Amended Individual Income Tax Return.

Penalties

The Franchise Tax Board will challenge the claims of individuals who attempt to avoid or evade their tax liability by using form FTB 3525 in a manner other than as prescribed. Potential penalties for the improper use of form FTB 3525 include:

- Accuracy-related penalties equal to 20% of the amount of taxes that should have been paid.
- Civil fraud penalties equal to 75% of the amount of taxes that should have been paid.
- A civil penalty for filing a frivolous tax return or submitting a specified frivolous submission as described by the California Revenue and Taxation Code Section 19179 and Internal Revenue Code Section 6702.

Your name:

Your SSN or ITIN:

12	State wages from your Form(s) W-2, box 16.....	● 12	<input type="text" value="0"/>	<input type="text" value="00"/>
13	Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4.....	● 13	<input type="text" value="0"/>	<input type="text" value="00"/>
14	California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B	● 14	<input type="text" value="0"/>	<input type="text" value="00"/>
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions.....	15	<input type="text" value="0"/>	<input type="text" value="00"/>
16	California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C.....	● 16	<input type="text" value="6,408"/>	<input type="text" value="00"/>
17	California adjusted gross income. Combine line 15 and line 16.....	● 17	<input type="text" value="6,408"/>	<input type="text" value="00"/>
18	Enter the larger of { Your California itemized deductions from Schedule CA (540), line 44; OR Your California standard deduction shown below for your filing status: • Single or Married/RDP filing separately.....\$4,129 • Married/RDP filing jointly, Head of household, or Qualifying widow(er).....\$8,258 } If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions . . .	● 18	<input type="text" value="4,129"/>	<input type="text" value="00"/>
19	Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0-.....	● 19	<input type="text" value="2,279"/>	<input type="text" value="00"/>

31	Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803.....	● 31	<input type="text" value="23"/>	<input type="text" value="00"/>
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$182,459, see instructions.....	● 32	<input type="text" value="111"/>	<input type="text" value="00"/>
33	Subtract line 32 from line 31. If less than zero, enter -0-.....	● 33	<input type="text" value="0"/>	<input type="text" value="00"/>
34	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A.....	● 34	<input type="text" value="0"/>	<input type="text" value="00"/>
35	Add line 33 and line 34.....	● 35	<input type="text" value="0"/>	<input type="text" value="00"/>

40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions.....	● 40	<input type="text" value="0"/>	<input type="text" value="00"/>
43	Enter credit name <input type="text"/> code ● <input type="text"/> and amount.....	● 43	<input type="text" value="0"/>	<input type="text" value="00"/>
44	Enter credit name <input type="text"/> code ● <input type="text"/> and amount.....	● 44	<input type="text" value="0"/>	<input type="text" value="00"/>
45	To claim more than two credits, see instructions. Attach Schedule P (540).....	● 45	<input type="text" value="0"/>	<input type="text" value="00"/>
46	Nonrefundable renter's credit. See instructions.....	● 46	<input type="text" value="0"/>	<input type="text" value="00"/>
47	Add line 40 through line 46. These are your total credits.....	● 47	<input type="text" value="0"/>	<input type="text" value="00"/>
48	Subtract line 47 from line 35. If less than zero, enter -0-.....	● 48	<input type="text" value="0"/>	<input type="text" value="00"/>

61	Alternative minimum tax. Attach Schedule P (540).....	● 61	<input type="text" value="0"/>	<input type="text" value="00"/>
62	Mental Health Services Tax. See instructions.....	● 62	<input type="text" value="0"/>	<input type="text" value="00"/>
63	Other taxes and credit recapture. See instructions.....	● 63	<input type="text" value="0"/>	<input type="text" value="00"/>
64	Add line 48, line 61, line 62, and line 63. This is your total tax.....	● 64	<input type="text" value="0"/>	<input type="text" value="00"/>

Your name:

Your SSN or ITIN:

71	California income tax withheld. See instructions	● 71	<input type="text" value="2,088"/>	<input type="text" value="00"/>
72	2016 CA estimated tax and other payments. See instructions	● 72	<input type="text" value="0"/>	<input type="text" value="00"/>
73	Withholding (Form 592-B and/or 593). See instructions	● 73	<input type="text" value="0"/>	<input type="text" value="00"/>
74	Excess SDI (or VPD) withheld. See instructions	● 74	<input type="text" value="0"/>	<input type="text" value="00"/>
75	Earned Income Tax Credit (EITC)	● 75	<input type="text" value="0"/>	<input type="text" value="00"/>
76	Add lines 71 through 75. These are your total payments. See instructions	⊙ 76	<input type="text" value="2,088"/>	<input type="text" value="00"/>

91 Use Tax. See instructions ● 91

92	Payments balance. If line 76 is more than line 91, subtract line 91 from line 76	⊙ 92	<input type="text" value="2,088"/>	<input type="text" value="00"/>
93	Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91	⊙ 93	<input type="text" value="0"/>	<input type="text" value="00"/>
94	Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92	⊙ 94	<input type="text" value="2,088"/>	<input type="text" value="00"/>
95	Amount of line 94 you want applied to your 2017 estimated tax	● 95	<input type="text" value="0"/>	<input type="text" value="00"/>
96	Overpaid tax available this year. Subtract line 95 from line 94	● 96	<input type="text" value="2,088"/>	<input type="text" value="00"/>
97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64	⊙ 97	<input type="text" value="0"/>	<input type="text" value="00"/>

Your name:

Your SSN or ITIN:

Contributions

	Code	Amount
California Seniors Special Fund. See instructions	● 400	<input type="text" value="0.00"/>
Alzheimer's Disease/Related Disorders Fund	● 401	<input type="text" value="0.00"/>
Rare and Endangered Species Preservation Program	● 403	<input type="text" value="0.00"/>
California Breast Cancer Research Fund	● 405	<input type="text" value="0.00"/>
California Firefighters' Memorial Fund	● 406	<input type="text" value="0.00"/>
Emergency Food for Families Fund	● 407	<input type="text" value="0.00"/>
California Peace Officer Memorial Foundation Fund.....	● 408	<input type="text" value="0.00"/>
California Sea Otter Fund	● 410	<input type="text" value="0.00"/>
California Cancer Research Fund	● 413	<input type="text" value="0.00"/>
RESERVED (DO NOT USE)		<input type="text"/>
School Supplies for Homeless Children Fund	● 422	<input type="text" value="0.00"/>
State Parks Protection Fund/Parks Pass Purchase.....	● 423	<input type="text" value="0.00"/>
Protect Our Coast and Oceans Fund	● 424	<input type="text" value="0.00"/>
Keep Arts in Schools Fund	● 425	<input type="text" value="0.00"/>
State Children's Trust Fund for the Prevention of Child Abuse.....	● 430	<input type="text" value="0.00"/>
Prevention of Animal Homelessness and Cruelty Fund	● 431	<input type="text" value="0.00"/>
Revive the Salton Sea Fund	● 432	<input type="text" value="0.00"/>
California Domestic Violence Victims Fund	● 433	<input type="text" value="0.00"/>
Special Olympics Fund	● 434	<input type="text" value="0.00"/>
Type 1 Diabetes Research Fund	● 435	<input type="text" value="0.00"/>
110 Add code 400 through code 435. This is your total contribution	● 110	<input type="text" value="0.00"/>

Your name:

Your SSN or ITIN:

111 AMOUNT YOU OWE. If you do not have an amount on line 96, add line 93, line 97, and line 110. See instructions. Do not send cash.

Mail to: **FRANCHISE TAX BOARD**
PO BOX 942867

SACRAMENTO CA 94267-0001 ● 111

Pay online – Go to ftb.ca.gov for more information.

112 Interest, late return penalties, and late payment penalties 112

113 Underpayment of estimated tax. Check the box: ● FTB 5805 attached ● FTB 5805F attached ● 113

114 Total amount due. See instructions. Enclose, but do not staple, any payment 114

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 96. See instructions.

Mail to: **FRANCHISE TAX BOARD**
PO BOX 942840

SACRAMENTO CA 94240-0001 ● 115

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

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

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

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 and search for **privacy notice**. 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)

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Joint tax return? (See instructions)

● Your email address. Enter only one email address.

● Preferred phone number

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