Print and Reset Form | Reset Form

Your name _____ Your SSN or ITIN: _____

Step 6
Special Credits and Nonrefundable Renter's Credit

25 Amount from Side 1, line 24 25
28 Enter credit name_____code no_____and amount ..... ▶ 28
29 Enter credit name_____code no_____and amount ..... ▶ 29
30 To claim more than two credits, see instructions, page 19 ..... ● 30
31 Nonrefundable renter's credit. See instructions, page 18 for "Step 6" ..... ● 31
33 Add line 28 through line 31. These are your total credits 33
34 Subtract line 33 from line 25. If less than zero, enter -0- 34

Step 7
Other Taxes

35 Alternative minimum tax. Attach Schedule P (540) ..... ● 35
36 Other taxes and credit recapture. See instructions, page 20 ..... ● 36
37 Add line 34 through line 36. This is your total tax ..... ● 37

Step 8
Payments

To view your 2004 estimated payments, go to **www.ftb.ca.gov**

38 California income tax withheld. See instructions, page 20 ..... ■ 38
39 2004 CA estimated tax and other payments. See instructions, page 20 ..... ■ 39
40 Real estate withholding. (Form(s) 592-B, 593-B, and 594) See instructions, page 20 . ■ 40
41 Excess SDI. To see if you qualify, see instructions, page 21 ..... ■ 41

Child and Dependent Care Expenses Credit. See instructions, page 21; attach form FTB 3506.

● 42 ___-___-___ ● 43 ___-___-___
■ 44 ■ 45

46 Add line 38, line 39, line 40, line 41, and line 45. These are your total payments 46

Step 9
Overpaid Tax/ Tax Due

47 Overpaid tax. If line 46 is more than line 37, subtract line 37 from line 46 47
48 Amount of line 47 you want applied to your **2005** estimated tax ..... ■ 48
49 Overpaid tax available this year. Subtract line 48 from line 47 ..... ■ 49
50 Tax due. If line 46 is less than line 37, subtract line 46 from line 37. See instructions, page 21 50

Step 9a
Use Tax

51 Use Tax. **This is not a total line.** See instructions, page 21 ..... ● 51 00

Step 10
Contributions

CA Seniors Special Fund See instructions, page 25 ..... ● 52 00
Alzheimer's Disease/Related Disorders Fund ..... ● 53 00
CA Fund for Senior Citizens ..... ● 54 00
Rare and Endangered Species Preservation Program ..... ● 55 00
State Children's Trust Fund for the Prevention of Child Abuse ..... ● 56 00
CA Breast Cancer Research Fund ... ● 57 00

CA Firefighters' Memorial Fund ..... ● 58 00
Emergency Food Assistance Program Fund ..... ● 59 00
CA Peace Officer Memorial Foundation Fund ..... ● 60 00
Asthma and Lung Disease Research Fund ..... ● 61 00
CA Missions Foundation Fund ..... ● 62 00
CA Military Family Relief Fund ..... ● 63 00
CA Prostate Cancer Research Fund .. ● 64 00

65 Add line 52 through line 64. These are your total contributions ..... ● 65

Step 11
Refund or Amount You Owe

66 **REFUND OR NO AMOUNT DUE.** See instructions, page 22. Mail to:
FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002 .... ■ 66

67 **AMOUNT YOU OWE.** See instructions, page 22. Mail to:
FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 .... ■ 67

Step 12
Interest and Penalties

68 Interest, late return penalties, and late payment penalties 68
69 Underpayment of estimated tax. Fill in circle: ◯ **FTB 5805 attached** ◯ **FTB 5805F attached** ..... ■ 69
70 Total amount due. See instructions, page 23. Enclose, but do not staple, any payment 70
71 If you **do not** need California income tax forms mailed to you next year, fill in the circle ..... ● 71 ◯

Step 13
Direct Deposit (Refund Only)

Do not attach a voided check or a deposit slip. See instructions, page 23
Fill in the boxes to have your refund directly deposited. Routing number ..... ●

Account Type:
Checking ● ☐ Savings ● ☐

Account number ..... ●

Sign Here

It is unlawful to forge a spouse's signature.

Joint return? See instructions, page 24.

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. 3

Your signature | Spouse's signature (if filing jointly, both must sign) | Daytime phone number (optional)

X | X | ( ) -

Date

Paid preparer's signature ***(declaration of preparer is based on all information of which preparer has any knowledge)*** | Paid preparer's SSN/PTIN

Firm's name (or yours if self-employed) | Firm's address | FEIN

54004203