

Step 6 Overpaid Tax or Tax Due

24 Enter the amount from Side 1, line 23 24

25 California income tax withheld. See instructions ■ 25

26 2000 California estimated tax and payment with form FTB 3519 and amount applied from 1999 return ■ 26

27 Excess SDI. See instructions ■ 27

Child and Dependent Care Expenses Credit. See instructions.

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32 Total payments and credits. Add line 25, line 26, line 27, and line 31 32

33 Overpaid tax. If line 32 is more than line 24, subtract line 24 from line 32 33

34 Enter the amount of line 33 you want applied to your 2001 estimated tax ■ 34

35 Overpaid tax available this year. Subtract line 34 from line 33 ■ 35

36 Tax due. If line 32 is less than line 24, subtract line 32 from line 24 36

Step 7 Contributions

CA Seniors Special Fund. See instructions ● 51 _____ 00	CA Firefighters' Memorial Fund ● 57 _____ 00
Alzheimer's Disease/Related Disorders Fund ● 52 _____ 00	CA Mexican American Veterans' Memorial ● 58 _____ 00
CA Fund for Senior Citizens ● 53 _____ 00	Emergency Food Assistance Program Fund ● 59 _____ 00
Rare and Endangered Species Preservation Program ● 54 _____ 00	CA Peace Officer Memorial Foundation Fund ● 60 _____ 00
State Children's Trust Fund for the Prevention of Child Abuse ● 55 _____ 00	Birth Defects Research Fund ● 61 _____ 00
CA Breast Cancer Research Fund ● 56 _____ 00	National World War II Veterans Memorial Trust Fund ● 62 _____ 00
	CA Lung Disease and Asthma Research Fund ● 63 _____ 00

37 Total contributions. Add all contributions shown above, enter the total here ● 37

Step 8 Refund or Amount You Owe

38 Subtract line 37 from line 35. You have a **REFUND** or **NO AMOUNT DUE**. Enter the result here. See instructions ■ 38

39 Add line 36 and line 37. This is the **AMOUNT YOU OWE**. See instructions ■ 39

40 Underpayment of estimated tax. If form FTB 5805 is attached, fill in this circle ○ ■ 40

41 If you do **not** need California income tax forms mailed to you next year, fill in this circle ● 41

Direct Deposit of Refund

Do not attach a voided check or a deposit slip.
Fill in the boxes to have your refund directly deposited. Routing number _____ ●

Account type:
Checking ● Savings ● Account number _____ ●

Step 9

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is true, correct, and complete. 9

Your signature _____ Spouse's signature (if filing joint, both must sign) _____ Daytime phone number (____) _____

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 _____

Joint return? See instructions.