| AXABLE YEAR | CALIFORNIA FORM |
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| | · · · · · · · · · · · · · · · · · · · |

Tax Deposit Refund and Transfer Request

3581

| For caler | ndar year | or fiscal year beginning | month (mm/dd/yyyy)_ | | | _, and ending (mr | m/dd/yyyy) | |
|-------------|---------------------------|--------------------------------|-----------------------------|-----------|------------------|-------------------|----------------------------|-----------------------|
| Name(s) a | as shown on tax return | | | | | | Your SSN or ITIN | |
| | | | | | | | | |
| | | | | | | | Spouse's/RDP's SSN or | ITIN |
| • • • • • • | | DOL DMD | | | | | FFIN | |
| Address (I | number and street, sui | te, room, PO box, or PMB r | 10.) | | | | FEIN | |
| City | | | | State | ZIP code | | California corporation nu | ımher |
| oy | | | | Ciaio | | | James and Serperation in | |
| | | | | | | | California Secretary of St | ate (SOS) file number |
| | | | | | | | | |
| | | on. Indicate type of tax, tax | | | | | the requested action. To | transfer all or part |
| of a tax de | eposit payment to ano | ther taxable year, enter the | amount and the taxable y | ear it sl | hould be applied | to. | | |
| Complete | all applicable fields: | | | | | | | |
| • | Type of tax: P | ersonal income tax | Corporate tax | | LLC fee | LP, LLP, REN | MIC annual tax | |
| • | Tax deposit payme | nt \$ | | | | | | |
| | | | | | | | | |
| • | Date of payment | | | | | | _ \ \ \ | |
| • | What is the reques | ted action? Refund | Transfer to a | inother | taxable year | | deficiency administrati | ve action |
| | A | h | | | | to action | n on a refund claim. | |
| • | | nded \$ | | | | | | |
| • | Amount \$ | to be | transferred to | ta | xable year. | | | |
| | Signature of individual | , owner, officer, or authorize | ed representative and title | • | | | Date | |
| Sign | | | | | | | | |
| Here | If joint return, spouse's | s/RDP's signature (It is unla | wful to forge a spouse's/R | DP's sig | gnature.) | | Date | |
| | | | | | | | | |

General Information

Registered Domestic Partners (RDP)

For purposes of California income tax, references o a spouse, husband, or wife also refers to a California RDP, unless otherwise specified. When we use the initials RDP, they refer to both a California registered domestic "partners and a California registered domestic "partnership," as applicable. For more information on RDPs, get FTB Pub. 737, Tax Information for Registered Domestic Partners.

Purpose

Use form FTB 3581, Tax Deposit Refund and Transfer Request, to:

- · Request the refund of all or part of a tax deposit,
- Transfer all or part of a tax deposit, or
- Convert a pending deficiency protest or appeal to a claim for refund.

In general, you can request the refund or the transfer of a tax deposit at any time before the Franchise Tax Board (FTB) applies the deposit amount to satisfy a final tax liability.

Convert Pending Deficiency Action to a Claim for Refund

If you use this form to transfer a tax deposit amount to another taxable year, or if you have a tax deposit amount on account, and you wish to convert any pending deficiency protest or appeal to a claim for refund before there is a final tax liability for that taxable year, you must provide a statement in writing asking the FTB to convert the administrative **deficiency** dispute to an administrative **claim** dispute. To satisfy the written statement requirement, you must file a separate form FTB 3581 for that taxable year and check the option that states: "Convert deficiency administrative action to action on a refund claim."

When the FTB receives form FTB 3581, the FTB will finalize the deficiency, and apply the tax deposit amount toward your deficiency amount, including interest and any amnesty penalty (if applicable). If the tax deposit amount is not enough to pay the final deficiency amount, including penalties, fees, and interest, the claim becomes an informal claim. You will receive a bill for the

remaining amount due. The FTB cannot act on the claim until the tax liability for that taxable year is fully paid. The six-month "deemed denial" period does not start to run until the tax liability for that taxable year is fully paid, and the informal claim is a perfected claim.

Instructions

to ensure timely response and proper application of your request, enter all the applicable information requested on the form.

Make sure to enter the:

- Four-digit taxable year in the box at the top of the form, and complete the first line as applicable.
- Social security number(s) (SSN) or individual taxpayer identification number(s) (ITIN).
- California corporation number, California Secretary of State (SOS) file number, or federal employer identification number (FEIN).
- Tax deposit payment, the amount to be refunded, and/or the amount to be transferred to another taxable year.

Private Mail Box (PMB)

Include the PMB in the address field. Write "PMB" first, then the box number. Example: 111 Main Street PMB 123.

Where to File

Submit a separate form FTB 3581 for each taxable year.

For **individuals**, mail this form to:

FRANCHISE TAX BOARD PO BOX 942840 SACRAMENTO CA 94240-0040

For corporations, LPs, LLPs, REMICs, or LLCs, mail this form to:

FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257-0500