

Individual California (CA) Completed Return

Important

Please ensure you print the last page of the completed form or the payment confirmation page and upload it to your shared folder. Emailed confirmations do not always contain enough information.

1. Go to the California Franchise Tax Board website

Go to <https://www.ftb.ca.gov/pay/bank-account/index.asp> to pay using a bank account (Web Pay). Select the "Use Web pay Personal" option.

Pay by bank account (Web Pay)

< Pay

Pay by bank account

Help with bank account payments

Related content

- Make a payment with FTB mobile app
- Processing and wait times

Pay now

Use Web Pay to pay with your checking or savings account - for free.

Personal

You can make payments for:

- Bill or other balance due
- Current year or amended tax return
- Estimated tax
- Extension
- [Group nonresident/composite return](#)
- Pending audit tax deposit
- Proposed assessment

Use Web Pay personal

Business

You can make various payments such as, but not limited to:

- Annual tax or fee
- Bill or other balance due
- Current year or amended tax return
- Estimated tax
- Extension

Partnerships

If your entity's SOS number does not work or your entity does not have an SOS number, then your FTB Issued ID number should be used.

Sole Proprietorships

Sole Proprietorships must use Web Pay personal.

It has come to our attention some recently registered business entities may not be able to use the FTB Web Pay application. We are diligently working to resolve the issue to ensure all business entities may use the Web Pay application. If an entity is unable to use Web Pay, FTB offers several other [payment options](#).

Use Web Pay business

2. Fill out the form

Enter your Social Security Number, and Last Name to the provided field, solve the captcha and then click the Login button.

After that enter your Name and Address Information and click continue button

Login for Individuals

* = Required Field

[Privacy Policy](#)

Enter your Social Security Number and Last Name below. The combination must match our records in order to access this service.

* Social Security Number

9 numbers, no spaces or dashes

* Last Name

Up to 17 letters, no special characters

* Type the characters from the picture



If you use Web Pay, do not mail the paper payment voucher.

Login >

Name & Address Information

* = Required Field

[Privacy Policy](#)

* First Name

Middle Initial

* Last Name

Foreign Address

* Street Address

Number and Street, or PO Box

3. Payment Type

Select Tax Return Payment for the Payment Type.

Payment Type

* = Required Field

[Privacy Policy](#)

* Select a payment type.

- Estimated Tax Payment (Form 540 - ES)
- Bill Payment
- Tax Return Payment
- Amended Tax Return Payment
- Extension Payment (Form 3519)
- Notice of Proposed Assessment or Form 3834 Payment
- Pending Audit Tax Deposit Payment (Form 3576)

[Help](#)

Continue >

Back

Cancel

4. Fill out the rest of the form

Fill out the rest of the form to include the correct payment information and bank information.

Payment Information

* = Required Field

Payment Type: Tax Return

[Change payment type](#)

* Tax Year

[Help](#)

* Payment Amount

e.g. 1000.25

* Payment Date

MM/DD/YYYY

Must be today's date or a future date, not to exceed 1 year.

Bank Information

* = Required Field

[Privacy Policy](#)

* Routing Number

9 numbers only

[Help](#)

* Account Number

3-17 characters max

[Help](#)

* Re-enter Account Number

* Account Type

Checking

Savings

[Continue >](#)

[Back](#)

[Cancel](#)

5. Print confirmation in PDF

Please ensure you print the last page of the completed form or the payment confirmation page and upload it to your shared folder. Emailed confirmations do not always contain enough information.

To print in PDF, right click on the confirmation page, select "Print", and "Save as PDF".

Please review your Web Pay request. If you wish to make changes select the appropriate link. If the information is correct, review the authorization statement below, check the agreement box, and click the 'Submit' button only once.

* Required Field

Contact Information

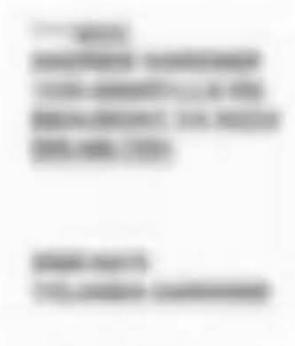
Taxpayer's Social Security Number
Name
Address

Telephone Number

[Edit contact information](#)

Spouse/RDP's Social Security Number
Spouse/RDP's Name

[Edit spouse/RDP information](#)



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Save

Cancel