

# 2021 Enrolled Tribal Member Certification

# 3504

Your first name	Initial	Last name	SSN	
Mailing address		City	State	ZIP code
Physical address (not a PO Box)		City	State	ZIP code

## Part I Tribal Information

<b>1</b> Indian tribe of which you are an enrolled member	Your tribal enrollment number
---	-------------------------------

If you reside on a reservation that is not the same tribe as your enrollment, attach a copy of your tribal enrollment card to this form.

2 Reservation(s) on which you resided during the tax year	Dates of residency

## Part II Residency Verification

**3** Residency must be verified by a designated person within the tribal government who has received authority from the Tribal Chairperson and/or Tribal Council for this purpose. The designated person must also be on file with the Franchise Tax Board. By personal knowledge, I declare that the above person resided on the tribe's reservation listed in Line 2.

Print name	Title
Signature <b>X</b>	Date

## Part III Income Exemption Information

See General Information section of the form instructions for exemption requirements.

### 4 Exempt Income Sources

(a) Employer's name or source of exempt income	(b) Physical address of where you worked (if applicable)	(c) Income type (wages, per capita income, etc.)	(d) Amount qualifying as exempt income

## Part IV Residential Property Information

**5** If you own residential property(ies) located outside the boundaries of California Indian country, fill in the information requested below.

### Property 1

Physical address	Property usage (Personal, rental, vacation, etc.)	Who resided in this property?	Dates you resided in property (if applicable)

### Property 2

Physical address	Property usage (Personal, rental, vacation, etc.)	Who resided in this property?	Dates you resided in property (if applicable)

I declare under penalty of perjury under the laws of the State of California that all the information on this form and included with this form is true, correct, and complete.

Print name	
Signature <b>X</b>	Date

# 2021 Instructions for Form FTB 3504

## Enrolled Tribal Member Certification

### General Information

The instructions provided with California tax forms are a summary of California tax law and are only intended to aid taxpayers in preparing their state income tax returns. We include information that is most useful to the greatest number of taxpayers in the limited space available. It is not possible to include all requirements of the California Revenue and Taxation Code in the instructions. Taxpayers should not consider the instructions as authoritative law.

Generally, California taxes the entire income of California residents, and the California source income of nonresidents. However, if you meet certain requirements, your income is exempt from California tax.

For taxable years beginning on or after January 1, 2018, for your income to be exempt from California tax, you must meet the following requirements:

Exemption Requirements	
Earned Income (Wages)	Received Income (Per Capita)
You must be an enrolled member of a federally recognized California Indian tribe.	You must be an enrolled member of a federally recognized California Indian tribe.
You must reside within any California Indian country.	You must reside in your tribe's California Indian country.
You must earn reservation source income from within California Indian country.	You must receive reservation source income from the same California Indian country in which you live and are an enrolled member.

For more information about Native American taxation, go to [ftb.ca.gov](http://ftb.ca.gov) and search for **native american** or contact the Tribal Hotline by phone 916.845.2790, fax 916.843.2299, or email [tribalhotline@ftb.ca.gov](mailto:tribalhotline@ftb.ca.gov).

### A Purpose

Use form FTB 3504, Enrolled Tribal Member Certification, to declare you reside within California Indian country and you meet the tribal income exemption requirements. This form is optional.

### B Who Can File

Taxpayers, who are enrolled members of a federally recognized California Indian tribe earning or receiving reservation source income and residing within California Indian country, may file form FTB 3504.

File form FTB 3504 with your California Form 540, California Resident Income Tax Return, or 540NR, California Nonresident or Part-Year Resident Income Tax Return, if you meet the exemption requirements and also have income from other non-reservation sources. Follow the instructions for Schedule CA (540), California Adjustments – Residents, Part I, Section A, line 1, and Section B, line 8z, and Schedule CA (540NR), California Adjustments – Nonresidents or Part-Year Residents, Part II, Section A, line 1, and Section B, line 8z, to make income adjustments.

If you meet the exemption requirements and do not have any other income from non-reservation sources, you must complete the entire form FTB 3504, including the signature area at the bottom, and file form FTB 3504 as an information return at the address shown in General Information D, Where to File.

### C When to File

File form FTB 3504 for each tax year that you meet the exemption requirements. The 2021 form should be filed the following year between January 1, 2022 and October 15, 2022.

### D Where to File

If you are required to file Form 540 or Form 540NR, attach form FTB 3504 to the tax return and file using the address for that tax return.

If you have no other California filing requirement, sign and mail form FTB 3504 to:

FRANCHISE TAX BOARD  
PO BOX 1998  
RANCHO CORDOVA CA 95741-1998

### Specific Line Instructions

Using black or blue ink, print your name, your social security number (SSN), and street address in the spaces provided at the top of the form. Enter the complete physical address where you resided during the tax year in the spaces provided. A post office box is not acceptable. If you do not enter your full name, SSN, and signature, along with complete residency verification in Part II, your certification will not be accepted.

### Part I – Tribal Information

**Line 1** – Enter the name of the Indian tribe you are an enrolled member of and your tribal enrollment number provided by your tribal government. If you reside on a reservation that is not the same tribe as your enrollment, attach a copy of your tribal enrollment card to this form.

**Line 2** – Enter the name(s) of the reservation(s) on which you resided during the tax year and dates of residency on the lines provided.

### Part II – Residency Verification

**Line 3** – Enter the name and title of the tribal designee authorized by your tribal government where you reside. The designee must print their name, sign, and date form FTB 3504. If this information is not completed, your form FTB 3504 will not be accepted. Consult with your tribal government to identify the designee with signing authority. The designee must also be on file with the Franchise Tax Board (FTB). The FTB will request that tribal councils provide or update their authorized designee each tax year.

### Part III – Income Exemption Information

#### Line 4 – Exempt Income Sources

**Column (a)** – Enter the name of the exempt income source in this column.

**Column (b)** – Enter the physical address of where you worked, if applicable, in this column.

**Column (c)** – Enter the exempt income type in this column. Earned income means wages, salaries, commissions, or professional fees, and other amounts received as compensation for personal services actually rendered. Earned income does not include per capita income.

**Column (d)** – Enter the amount that qualifies as exempt income in this column.

### Part IV – Residential Property Information

**Line 5** – List the physical address for each residential property(ies) you own that is/are located outside the boundaries of California Indian country. Include the property usage, who resided in the property, and dates you resided in the property.

### Franchise Tax Board Privacy Notice on Collection

Our privacy notice can be found in annual tax booklets or online. Go to [ftb.ca.gov/privacy](http://ftb.ca.gov/privacy) to learn about our privacy policy statement, or go to [ftb.ca.gov/forms](http://ftb.ca.gov/forms) and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.