e-file Opt-Out Record for Individuals

CALIFORNIA FORM

General Information

California law requires individual income tax returns prepared by certain income tax preparers to be electronically filed (e-filed) unless the taxpayer elects not to e-file or the tax preparer cannot e-file the return due to reasonable cause. Use this form to record when and why the return was not e-filed.

Do not mail this form to the Franchise Tax Board (FTB). Please keep it for your records.

For married/registered domestic partners (RDPs) filing jointly, only one spouse/RDP needs to sign.

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** to learn about our privacy policy statement, or go to **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.

| Part I Taxpayer Information | | | | |
|--|-----------------------|------------------------|---------------------|-----------------------------|
| Your first name | Last name | | | Your SSN or ITIN |
| If filing jointly, spouse's/RDP's first name | Last name | | | Spouse's/FIDP's SSN or ITIN |
| Street address (number and street) or PO box | | Apt. no. | PMB/private mailbox | Telephone number |
| City | | 2 | State | ZIP code |
| Foreign country name | | Foreign province/state | /county | Foreign postal code |
| \Box I elect not to e-file my tax retu | ırn. | | | |
| Reason (optional): | | | | |
| Your signature | U (| | | Date |
| Spouse's/RDP's signature (if filing jointly) | C | | | Date |
| | | | | |
| Part II Tax Preparer Information | | | | |
| \Box I am not e-filing this taxpayer | 's return due to reas | onable cause. | | |
| Explanation: | | | | |
| | 2 | | | |
| | | | | |
| Paid preparer's signature | | | | Date |
| | | | | |
| Paid preparer's name | | | | PTIN |
| Firm's name (if applicable) | | | | Firm's FEIN |
| Firm's or preparer's address | | | | Telephone number |
| City | | | State | ZIP code |