



Notice Number: 01-1133131-110521
Tax Year: 2019
Code Number: 01
NPA Number: 21-06496988
Revenue Code: 2003800



Quick Resolution Worksheet

This is not a bill. This assessment becomes due and payable if we do not receive your response by **01/04/2022**.

Proposed Amount
\$1,012.94

Protest By
01/04/2022

Part 1 - Response

To respond to the enclosed **FTB 5820 ENS, Notice of Proposed Assessment**, select the one option that best describes your situation and return this form to us with documentation as indicated.

Option 1 - I Do Not Want to Protest

I understand that I am waiving my protest rights due to one of the following reasons (mark all that apply).

A. I enclosed the required 2019 valid California income tax return, or I will file the required tax return by 01/04/2022.

If we do not receive the required tax return by 01/04/2022, the amount shown on the **FTB 5820 ENS, Notice of Proposed Assessment**, becomes due and payable.

B. I request an additional 30 days to file the required 2019 valid tax return.

C. I filed the required 2019 valid tax return:

Complete information and enclose a copy of your previously filed 2019 tax return with this worksheet. Write "Possible Duplicate" in red across top of the tax return.

The social security number (SSN) or individual taxpayer identification number (ITIN) on my tax return is:

1 4 0 - 2 1 - 8 7 2 7

I filed a joint tax return for 2019.
My spouse's/RDP's SSN or ITIN is:

- - - - -

My records indicate I sent my tax return to you on:

0 7 / 1 4 / 2 0 2 0

Taxpayer is deceased. Date of death:

/ /

A final 540/540NR California income tax return was filed under SSN or ITIN:

- - - - -

A 541 California fiduciary income tax return was filed under federal employer identification number (FEIN):

- - - - -

Option 2 - I Want to Protest

I disagree with the proposed assessment. Send protest documentation to support your position. (Refer to the enclosed **FTB 5820 ENS, Notice of Proposed Assessment**, Protest Procedures for more information.)

Part 2 - Signature Authorization

I declare under penalty of perjury the above statements are true and correct to the best of my knowledge and belief.

Print name Taxpayer SSN or ITIN

Signature Date

Authorized representative (go to ftb.ca.gov/POA for more information about representative relationships)

Taxpayer's address (if different from address on notice) Daytime phone Best time to reach you

Franchise Tax Board Privacy Notice

To learn about your privacy rights, how we may use your information, and consequences if you do not provide information we request, go to ftb.ca.gov/iforms and search for 1131. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

Part 3 - Send Documents

Send us the following:

1. This complete **FTB 5822 ENS, Quick Resolution Worksheet**.
2. Your check or money order if you choose to mail a payment. Write your full name and social security number or individual taxpayer identification number on your payment.
3. One of the following items:
 - a. A copy of your valid California income tax return with all income and withholding statements (e.g., federal Form W-2).
 - b. Protest documentation.

Fax: 916.855.5646

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