



## Reimbursement Invoice for Fiscal Year Ending June 30, 20\_\_

Financial institutions may be entitled to reimbursement from the Franchise Tax Board (FTB) for a Financial Institution Record Match (FIRM) one-time start-up cost not to exceed \$2,500 and up to \$250 per quarter for conducting the FIRM data match (Revenue and Taxation Code Section 19266). Reimbursement is based on the FIRM data match services performed during the State's fiscal year ending June 30. For more information go to [ftb.ca.gov](http://ftb.ca.gov) and search for **firm**.

Participating FIRM financial institutions must complete and submit an STD 204, *Payee Data Record Reimbursement Invoice* no later than 30 days following the end of the State's fiscal year (by July 30). Any FIRM Reimbursement Invoice received after July 30 for the prior fiscal year ending June 30 will not be honored.

Institution name		FEIN	
Mailing address (number and street or PO box)		Apt. No./Ste. No.	PMB/Private Mailbox
City		State	ZIP Code
Institution contact name	Email	Phone	

### A. One-Time Start-Up Cost and Reimbursement

The one-time start-up cost may only be claimed once by the participating FIRM financial institution.

Date(s) start-up costs were incurred: \_\_\_\_\_ Actual cost (not to exceed \$2,500.) \$ \_\_\_\_\_

### B. Quarterly Data Match and Reimbursement

Up to four quarters may be submitted at one time. Quarterly matched files are due May 30, August 30, November 30, and February 28, unless the date is changed by FTB.

Date (by quarter) the data match was submitted to FTB:	Actual cost (not to exceed \$250 per quarter.)
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Cost of Quarters: \$ _____	

**Total Amount of (A) and (B) requested: \$ \_\_\_\_\_**

Financial Institutions are responsible for maintaining supporting documentation of these expenditures for 3 years.

The financial institution listed on this form has approved this cost for submission.

### Authorized Representative for Financial Institution

You and your designated associates will protect the confidentiality of any data or information supplied to the financial institution by FTB or FTB's designated data matching agent. Subdivision (e) of R&TC Section 19266 provides: e) A financial institution shall incur no obligation or liability to any person arising from any of the following: (1) Furnishing information to FTB as required by this section. (2) Failing to disclose to a depositor or account holder that the name, address, social security number or other debtor identification number, or other identifying information of that delinquent tax debtor was included in the data exchange with FTB required by this section. (3) Any other action taken in good faith to comply with the requirements of this section.

Name (please print)	Title
Signature	Date

Upon completion, send this Reimbursement Invoice to:

ACCOUNTING AND FINANCIAL RESOURCES SECTION  
 FRANCHISE TAX BOARD  
 PO BOX 2800  
 SACRAMENTO CA 95812-2800

Direct your questions by email to [ftbfirmhelp@ftb.ca.gov](mailto:ftbfirmhelp@ftb.ca.gov).

For Internal Use:

Invoice Number: \_\_\_\_\_

Approval Signature: \_\_\_\_\_