TAXABLE Y	/EAR						FORM	
202	1 Ca	alifornia e-file Re	turn Authori	zation	for Fid	uciarie	s 8453-FID	
Name of esta						FEIN		
Name and tit	le of fiduciary	/						
Dart I T	av Roturn	nformation (whole dollars only)						
		1 541, line 9)					1	
		rm 541, line 20a)						
		, line 28)						
4 Tax due	(Form 541	, line 37)					4	
5 Overpai	d tax (Form	541 line 38)					5	
Part II	Settle Your	Account Electronically for Taxa	ble Year 202 <mark>4</mark>					
6 🗌 Elec	tronic fund	s withdrawal 6a Amount		6b V	/ithdrawal date	e (mm/dd/yyyy	/)	
Part III	Schedule	of Estimated Tax Payments for Ta	axable Year 2022 (These	e are NOT insta	allment paymen	ts for the curre	nt amount the fiduciary owes.)	
		First Payment	Second Payment	t ,	Third Pay	ment	Fourth Payment	
7 Amou	nt							
8 Withdr	rawal Date							
Part IV	Banking I	formation (Have you verified the	e fiduciary's banking info	ormation?)				
9 Routing number								
10 Account	10 Account number 11 Type of account: 🗋 Checking 🖉 Savings							
Part V	Declaratio	n of Fiduciary or Officer		1				
I authorize listed on lir	the fiduciar ne 6a and ar	y account to be settled as design y estimated payment amounts li	nated in Part II. If I checl sted on line 7 from the a	k Part II, box Iccount speci	6, I authorize fied in Part IV.	an electronic f	iunds withdrawal for the amount	
Under penalties of perjury, I declare that I am a fiduciary or officer representing the fiduciary of the above estate or trust and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the fiduciary's 2021, California income tax return. To the best of my knowledge and belief, the fiduciary's return is true, correct, and complete. If the								
fiduciary is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the fiduciary's tax liability, the fiduciary will remain liable for the tax liability and all applicable interest and penalties. I authorize the return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the return is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider, the reason(s) for the delay.								
Sign								
Here	Signati	ure of fiduciary or officer representing	fiduciary Date	Title				
Part VI		on of Electronic Return Originate						
knowledge. FTB 8453-F	. (If I am or ID accurate	eviewed the above estate or trus ly an intermediate service provid ly effects the data on the return.)	der, I understand that I a) I have obtained the fiduc	im not respo ciary or office	nsible for revie r representing	ewing the retu the fiduciary's	rn. I declare, however, that form s signature on form FTB 8453-FID	
before transmitting this return to the FTB; I have provided the fiduciary or officer representing the fiduciary with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021, Handbook for Authorized e-file Providers. I will keep								
form FIB 8	453-FID or a copy ava	file for four years from the due ilable to the FTB upon request. I	date of the return or fol f 1 am also the paid prep	ur years from parer, under r	h the date the f penalties of pe	fiduciary retur riury. I declare	n is filed, whichever is later, and that I have examined the above	
fiduciary's	return and a	accompanying schedules and sta	tements, and to the best	t of my know	ledge and belie	ef, they are tru	e, correct, and complete. I make	
this declara	ation based	on all information of which I hav	e knowledge.					
500	ERO's			Date	Check if also paid	Check if self-	ERO's PTIN	
ERO Must Sign	signature				preparer	employed		
	Firm's name if self-emplo	me (or yours Firm's FEIN						
		and address					ZIP code	
Under penalties of perjury, I declare that I have examined the above fiduciary's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.								
Paid	Paid			Date		Check	Paid preparer's PTIN	
Preparer	preparer's signature					if self- employed		
Must	Firm's name	e (or vours		1		Firm's FEIN	1	
Sign	if self-emplo	oyed)					7IP code	
	and address	· ·					ZIP code	