DO NOT MAIL THIS FORM TO THE F

TAXABLE YEAR	FORM
2024 California e-file Signature Authorization for Fiduc	iaries 8879-FID
Name of estate or trust	FEIN
Name and title of fiduciary	
Part I Tax Return Information (whole dollars only)	
1 Total income (Form 541, line 9) 2 Taxable income (Form 541, line 20a) 3 Total tax (Form 541, line 28) 4 Tax due (Form 541, line 37) 5 Overpaid tax (Form 541, line 38)	
Part II Declaration and Signature Authorization of Fiduciary (Be sure you obtain and keep a copy of the fiduciary's ret	
Under penalties of perjury, I declare that I am a fiduciary or officer representing the fiduciary of the above estate or trust and or trust return and accompanying schedules and statements for the 2024 tax year and to the best of my knowledge and beli further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service and FEIN of the fiduciary) and the amounts shown in Part I above agree with the information and amounts shown on the co income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 4 and/or the estimated tax return and on form FTB 8455-FID, California e-file Payment Record for Fiduciaries, or a comparable form. I authorize my EP provider to transmit the complete return to the Franchise Tax Board (FTB). If the processing of the return is delayed, I author eceive full and timely payment of the fiduciary's tax liability, the fiduciary remains liable for the tax liability and all applicable that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of the electronic income tax identification number (PIN) as my signature for the electronic income tax return and, if applicable, the Electronic Funds Withdrawal Consent tax return and, if applicable, the Electronic Funds Withdrawal Consent tax return and, if applicable, the Electronic Funds Withdrawal Consent tax return and, if applicable, the Electronic Funds Withdrawal Consent tax return and, if applicable, the Electronic Funds Withdrawal Consent tax return and, if applicable, the Electronic Funds Withdrawal Consent tax return and, if applicable, the Electronic Funds Withdrawal Consent tax return and, if applicable, the Electronic Funds Withdrawal Consent tax return and, if applicable, the Electronic Funds Withdrawal Consent tax return and, if applicable, the Electronic Funds Withdrawal Consent tax return and, if applicable, the Electronic Funds Withdrawal Consent tax return and is applicable, the Electronic Funds Withdrawal	lief, it is true, correct, and complete. I provider (including the name, address presponding lines of the electronic payments as shown on the fiduciary RO, transmitter, or intermediate servi- thorize the FTB to disclose to my inde stand that if the FTB does not le interest and penalties. I acknowled return. I have selected a personal
Fiduciary's PIN: check one box only	
I authorize to enter the fiduc	ciary's PIN
ERO firm name as my signature on my 2021 e-filed California fiduciary income tax return.	Do not enter all zeros
As a fiduciary or officer representing the fiduciary, I will enter my PIN as my signature on my 2024 e-filed California f box only if you are entering your own PIN and the fiduciary's return is filed using the Practitioner PIN method. The ER	
Practitioner PIN Method Returns Only continue below	
Part III Certification and Authentication - Practitioner PIN Method Only	
ERO's Electronic Filer Identification Number (EFIN)/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	Zeros
I certify that the above numeric entry is my PIN, which is my signature for the 2024 California fiduciary income tax return I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Puble-file Providers.	for the estate or trust indicated abov
ERO's signature Date	