

TAXABLE YEAR

FORM

# 2017 California e-file Return Authorization for Individuals

# 8453

|  |  |                               |                     |        |                            |
|--|--|-------------------------------|---------------------|--------|----------------------------|
| Your first name and initial                            |  | Last name                     |                     | Suffix | Your SSN or ITIN           |
| If joint return, spouse's/RDP's first name and initial |  | Last name                     |                     | Suffix | Spouse's/RDP's SSN or ITIN |
| Street address (number and street) or PO box           |  | Apt. no. /ste. no.            | PMB/private mailbox |        | Daytime telephone number   |
| City   |  |                               | State               |        | ZIP code                   |
| Foreign country name                                   |  | Foreign province/state/county |                     |        | Foreign postal code        |

### Part I Tax Return Information (whole dollars only)

1 California adjusted gross income. See instructions. 1 \_\_\_\_\_

2 Refund or no amount due. See instructions 2 \_\_\_\_\_

3 Amount you owe. See instructions 3 \_\_\_\_\_

### Part II Settle Your Account Electronically for Taxable Year 2017 (Payment due 4/17/2018)

4  Direct deposit of refund    5  Electronic funds withdrawal    5a Amount \_\_\_\_\_    5b Withdrawal date (mm/dd/yyyy) \_\_\_\_\_

### Part III Make Estimated Tax Payments for Taxable Year 2018. These are NOT installment payments for the current amount you owe.

|                   |                             |                              |                             |                              |
|-------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|
|                   | First Payment Due 4/17/2018 | Second Payment Due 6/15/2018 | Third Payment Due 9/17/2018 | Fourth Payment Due 1/15/2019 |
| 6 Amount          |                             |                              |                             |                              |
| 7 Withdrawal date |                             |                              |                             |                              |

### Part IV Banking Information (Have you verified your banking information?)

8 Amount of refund to be directly deposited to account below \_\_\_\_\_    12 The remaining amount of my refund for direct deposit \_\_\_\_\_

9 Routing number \_\_\_\_\_    13 Routing number \_\_\_\_\_

10 Account number \_\_\_\_\_    14 Account number \_\_\_\_\_

11 Type of account:  Checking     Savings    15 Type of account:  Checking     Savings

### Part V Declaration of Taxpayer(s)

I authorize my account to be settled as designated in Part II. If I check Part II, Box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. If I check Part II, Box 5, I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 6 from the account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above agrees with the information and amounts shown on the corresponding lines of my 2017 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I am filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my return and accompanying schedules and statements be transmitted to the FTB by my ERO, transmitter, or intermediate service provider. **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

**Sign Here**

|   |  |
|---|--|
| <p>▶ Your signature _____</p> <p>▶ Date _____</p> | <p>▶ Spouse's/RDP's signature. If filing jointly, both must sign. Date _____</p> <p><i>It is unlawful to forge a spouse's/RDP's signature.</i></p> |
|---|--|

### Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above taxpayer's return and that the entries on form FTB 8453 are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the taxpayer's return. I declare, however, that form FTB 8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature on form FTB 8453 before transmitting this return to the FTB; I have provided the taxpayer 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, 2017 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453 on file for **four** years from the due date of the return or **four** years from the date the return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer'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.

**ERO Must Sign**

|   |      |  |   |            |
|---|------|--|---|------------|
| ERO's- signature ▶                                    | Date | Check if also paid preparer <input type="checkbox"/> | Check if self-employed <input type="checkbox"/> | ERO's PTIN |
| Firm's name (or yours if self-employed) and address ▶ | FEIN |  | ZIP code  |            |

Under penalties of perjury, I declare that I have examined the above taxpayer'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 Preparer Must Sign**

|   |      |   |                      |
|---|------|---|----------------------|
| Paid preparer's signature ▶                           | Date | Check if self-employed <input type="checkbox"/> | Paid preparer's PTIN |
| Firm's name (or yours if self-employed) and address ▶ | FEIN |   | ZIP code             |