

TAXABLE YEAR

**California Payment for Automatic Extension  
and Estimate Payment Authorization for Individuals**

FORM

**2020**

**8453 (PMT)**

|                           |                                  |
|---------------------------|----------------------------------|
| Your name _____           | Your SSN or ITIN _____           |
| Spouse's/RDP's name _____ | Spouse's/RDP's SSN or ITIN _____ |

**Part I Extension Payment Information for Taxable Year 2020** (Payment due 4/15/2021)

1 Electronic Funds Withdrawal (EFW) Amount \_\_\_\_\_

2 Withdrawal Date (mm/dd/yyyy) \_\_\_\_\_

**Part II Scheduled Estimated Tax Payments for Taxable Year 2021** These are NOT installments of the current amount you owe.

|                   | First Payment Due 4/15/2021 | Second Payment Due 6/15/2021 | Third Payment Due 9/15/2021 | Fourth Payment Due 1/15/2022 |
|-------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|
| 3 Amount          |                             |                              |                             |                              |
| 4 Withdrawal Date |                             |                              |                             |                              |

**Part III Banking Information for Electronic Funds Withdrawals from Parts I and II**

5 Routing number \_\_\_\_\_

6 Account number \_\_\_\_\_

7 Type of account:  Checking  Savings

**Payment Authorization**

I authorize an EFW on the date indicated on line 2 for the amount stated on line 1, plus EFWs for the estimated payments to be made on the dates indicated on line 4, for each amount stated on line 3, corresponding to the estimated payment date. The above EFWs are to be made from the bank indicated on lines 5, 6, and 7. This authorization will remain in effect unless I contact the Franchise Tax Board (FTB) to cancel the request. I request that the payment(s) above be deducted from the bank account on the date specified above. If this date falls on a Saturday, Sunday, or holiday, the transfer is authorized for the next business day. If the FTB cannot deduct the payment from the account because of insufficient funds or because the bank account is closed, the FTB may charge a dishonored payment penalty. I will be responsible for any overdraft fees charged by the bank. Under penalties of perjury under the laws of the State of California, I declare that I have completed this payment authorization to the best of my knowledge and belief; it is true, correct, and complete.

|                  |                                  |            |
|------------------|----------------------------------|------------|
| <b>Sign Here</b> | Your signature ▶ _____           | Date _____ |
|                  | Spouse's/RDP's signature ▶ _____ | Date _____ |

**Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

Under penalties of perjury, I declare that I have reviewed the entries on form FTB 8453 (PMT) and they are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I declare that form FTB 8453 (PMT) accurately reflects the data on the EFW request.) I have obtained the taxpayer's signature on form FTB 8453 (PMT) before transmitting the EFW 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, 2020 Handbook for Authorized e-file Providers. I will keep form FTB 8453 (PMT) for the statute of limitations period, and I will make a copy available to FTB upon request.

|                  |   |      |  |   |                      |
|------------------|---|------|--|---|----------------------|
| <b>Sign Here</b> | ERO's signature   | Date | Check if also paid preparer <input type="checkbox"/> | Check if self-employed <input type="checkbox"/> | ERO's PTIN           |
|                  | 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 ▶ _____ |      |  | Firm's FEIN                                     | ZIP code             |

**KEEP THIS FORM FOR YOUR RECORDS – DO NOT MAIL TO THE FTB**