TAXABLE	YEAR						FORM
202	1 , (California e-file	Return Autho	orization	for Individ	uals	8453
Your first name and initial			Last name	Last name		Your SSN or ITIN	
If joint return	, spouse's/Rl	DP's first name and initial	Last name		Suffix	Spouse's/RDP's SS	N 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 coun	ntry name		Foreign province/state/	Foreign province/state/county		Foreign postal code	
Part I Ta	ax Return Ir	nformation (whole dollars only)					
1 Californi	a adjusted a	ross income. See instructions				1	
	, ,	t due. See instructions					
		ee instructions					
		Account Electronically for Taxat					
	ct deposit of						
	•		5b \	Withdrawal date (mm/dd/vvvv)		
		ated Tax Payments for Taxable					
	VIAKE ESUIIIA	First Payment 4/18/2022	Second Payment 6/15		d Payment 9/15/202		nent 1/17/2023
6 Amount						Tourtin ayn	
7 Withdrav							
		I Irmation (Have you verified your b	anking information?				
		be directly deposited to account b		12 The remainin	g amount of my refund t	for direct deposit	
				13 Routing num			
				14 Account nun			
11 Type of a					unt: 🗆 Checking	□ Savings	
		of Taxpayer(s)				L ouvingo	
		be settled as designated in Part II.	If I check Part II hox 4 I de	clare that the direc	t deposit refund informa	tion in Part IV agrees	with the authorization
stated on my from the ban	y return. If I on the second list of the second lis	check Part II, box 5, I authorize an sted on lines 9, 10, and 11. If I hav efund or authorize an electronic fun	electronic funds withdrawal	I for the amount lis	ted on line 5a and any e	stimated payment am	ounts listed on line 6
Under penalt	ties of perju	ry, I declare that the information	I provided to my electronic	return originator	(ERO), transmitter, or ir	ntermediate service p	rovider, including my
amounts sho	own on the c	al security number (SSN) or individ orresponding lines of my 2024 Cal n, I understand that if the Franchise	ifornia income tax return. To	the best of my kn	owledge and belief, my r	eturn is true, correct,	and complete. If I am
filing a balan	ice due retur	n, I understand that if the Franchise d penalties. I authorize my return a	e Tax Board (FTB) does not r	eceive full and tim	ely payment of my tax lia	bility, I remain liable f	or the tax liability and
service provi	ider. If the p	rocessing of my return or refund he refund was sent.	is delayed, I authorize the	FTB to disclose t	o my ERO or intermedia	ate service provider	the reason(s) for the
Sign				•			
Here							
	Your si	gnature	Date		e's/RDP's signature. If fili lawful to forge a spouse		ign. Date
Part VI	Declaratio	n of Electronic Return Originato	r (ERO) and Paid Prepare				
		ved the above taxpayer's return and				my knowledge. (If I ar	n onlv an intermediate
service provid	der. I underst	and that I am not responsible for re	viewing the taxpaver's return.	. I declare, however	that form FTB 8453 accu	urately reflects the data	a on the return.) I have
obtained the t	taxpayer's sig	nature on form FTB 8453 before tra ed all other requirements described	nsmitting this return to the FT in FTB Pub. 1345, 2021 Hand	B; I have provided	the taxpayer with a copy of a straight the taxpayer with a copy of a straight tax	of all forms and information of all forms and information of the second se	ation that I will file with file for four years from
the due date	of the return	or four years from the date the retu	irn is filed, whichever is later,	, and I will make a	copy available to the FTB	upon request. If I am	also the paid preparer,
		I declare that I have examined the a plete. I make this declaration based			lules and statements, and	to the best of my know	wledge and belief, they
	CCL, and COM	piete. I make this declaration based		Date	Check if Check	ERO's PTIN	
ERO	ERO's			Duito	also paid if self-		
Must	signature				preparer 🗌 employe	ed ∟ rm's FEIN	
Sign	Firm's name (or yours Firm' if self-employed)						
	and addres					ZIP code	
		ry, I declare that I have examined rect, and complete. I make this dec				ents, and to the best	of my knowledge and
	Paid	טטר, מחם טטחויופוט. ד חומגט נוווט עלט		Date	Check	Paid preparer's	
Paid	nrenarer's			Duit	if self-		
Preparer Must					employe		
Must	Firm's nam if self-empl	e (or yours				rm's FEIN	
Sign	and addres					ZIP code	
E. D.i.	. Notice .						ETD 0/62 2021