

STATE OF CALIFORNIA Franchise Tax Board

Online Account View Access Authorization

Do not mail this form to the Franchise Tax Board (FTB). Please keep it for your records.

Use this form to give your authorized representative permission to view all of your tax year information on FTB's website associated with your social security number/business entity ID number.

Individual taxpayers complete Part 1. Business entity taxpayers complete Part 2.

Part 1: Individual Taxpayer Social Security Number (SSN) and Name

Taxpayer SSN	Taxpayer Name (first name, middle initial, last name)
Spouse/RDP SSN	Spouse/Registered Domestic Partner (RDP) Name (first name, middle initial, last name)

Part 2: Business Entity Taxpayer ID Number and Name

Business Entity ID Number	Legal Business Name

Part 3: Authorized Representative Name, Address, and Preparer Tax Identification Number (PTIN)

Authorized Representative Name (first name, middle initial, last name) or firm name (e.g., name used when preparing client's returns).

Street Address			
City	State	Zip Code	PTIN if applicable

Part 4: Signature (Spouse/RDP signature required if you entered spouse/RDP SSN in Part 1.)

I certify that I am the taxpayer(s) named in Part 1 or have the authority to execute the Online Account View Access Authorization on behalf of the taxpayer(s) named in Part1 or Part 2. I understand and authorize the representative named in Part 3 to have view only access to all the tax year information available on FTB's website that is associated with the SSN/Business Entity ID listed in Part 1 or Part 2 above. This authorization remains in effect until I revoke it in writing.

Taxpayer Signature	Date
Spouse/RDP Signature	Date
Business Entity Taxpayer Signature	Date
Print Name and Title	

Retention Information

Individual and Business Entity Taxpayer must keep the original of this form and give a copy to their authorized representative. Both parties must keep the form until it is revoked. **Do not mail this form to FTB.**

For privacy information, go to **ftb.ca.gov** and search for **privacy notice**. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.