

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

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