

TAXABLE YEAR

**2017****California Payment for Automatic Extension and  
Estimate Payment Authorization for Fiduciaries**

FORM

**8453-FID (PMT)**

Name of estate or trust

FEIN

Name and title of fiduciary

**Part I Extension Payment Information for Taxable Year 2017****1** Electronic Funds Withdrawal (EFW) Amount \_\_\_\_\_**2** Withdrawal Date (mm/dd/yyyy) \_\_\_\_\_**Part II Scheduled Estimated Tax Payments for Taxable Year 2018** These are **NOT** installments of the current amount you owe.

	First Payment	Second Payment	Third Payment	Fourth Payment
<b>3</b> Amount				
<b>4</b> 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 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>	Signature of fiduciary or officer representing the fiduciary ▶ _____	Date
	Title ▶ _____	

**Paid Preparer**

Under penalties of perjury, I declare that I have examined the above fiduciary's payment information, and to the best of my knowledge and belief, it is true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Sign Here</b>	Paid preparer's signature ▶ _____	PTIN
	Firm's name ▶ _____	Date

**KEEP THIS FORM FOR YOUR RECORDS – DO NOT MAIL TO THE FRANCHISE TAX BOARD (FTB)**