

TAXABLE YEAR

# California Electronic Funds Withdrawal Payment Signature Authorization for Individuals and Fiduciaries

FORM

**2017**

**8879 (PMT)**

|  |                            |
|--|----------------------------|
| Name of taxpayer, estate or trust                  | SSN, ITIN, or FEIN         |
| Spouse's/RDP's name or name and title of fiduciary | Spouse's/RDP's SSN or ITIN |

**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

**Part IV Taxpayer or Fiduciary Declaration and Signature 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. I have selected a personal identification number (PIN) as my signature for my EFW payment request.

**Taxpayer or fiduciary's PIN: check one box only**

- I authorize \_\_\_\_\_ to enter my PIN     
ERO firm name  
as my signature on my 2017 e-filed California EFW payment request. **Do not enter all zeros**
- I will enter my PIN as my signature on my 2017 e-filed California EFW payment request. Check this box **only** if you are entering your own PIN and your EFW payment request is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Spouse's/RDP's PIN: check one box only**

- I authorize \_\_\_\_\_ to enter my PIN     
ERO firm name  
as my signature on my 2017 e-filed California EFW payment request. **Do not enter all zeros**
- I will enter my PIN as my signature on my 2017 e-filed California EFW payment request. Check this box **only** if you are entering your own PIN and your EFW payment request is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

Practitioner PIN Method Payments Only -- continue below

**Part V Certification and Authentication — Practitioner PIN Method Only**

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN.     
**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature for the 2017 California EFW payment request for the taxpayer(s) or fiduciary indicated above. I confirm that I am submitting this EFW payment request in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2017 e-file Handbook for Authorized e-file Providers.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_