

TAXABLE YEAR

**California Payment Authorization
for Business Entities**

FORM

2019**8453-BE (PMT)**

Name of business entity (corporation, limited liability company, or partnership)

California Corporation No., CA SOS file no., or FEIN

Part I Extension Payment Information for Taxable Year 2019

1 Electronic Funds Withdrawal (EFW) Amount _____

2 Withdrawal Date (mm/dd/yyyy) _____

Part II Schedule of Estimated Tax Payments for Taxable Year 2020(These are **not** installment payments for the current amount the corporation owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
3 Amount				
4 Withdrawal date (mm/dd/yyyy)				

Part III Annual Tax or Estimated Fee Payment for Taxable Year 2020(This is **not** an installment payment for the current amount the LLC owes.)

	Annual Tax Payment	Estimated Fee Payment
5 Amount		
6 Withdrawal date (mm/dd/yyyy)		

Part IV Banking Information for Electronic Funds Withdrawal

7 Routing number _____

8 Account number _____

9 Type of account: Checking Savings**Payment Authorization**

I authorize the business entity account to be settled as designated in Parts I, II, and III. The above electronic funds withdrawals are to be made from the bank account indicated on Part IV, lines 7, 8, and 9. This authorization will remain in effect unless I contact the Franchise Tax Board (FTB) to cancel the request. I request that the payment(s) above be deducted from the bank account on the date(s) specified above. If a 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.

Sign Here	Signature of business entity's representative ▶ _____	Date
	Title ▶ _____	

Paid Preparer

Under penalties of perjury, I declare that I have examined the above taxpayer'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.

Sign Here	Paid preparer's signature ▶ _____	PTIN
	Firm's name ▶ _____	Date

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