

2019 California e-file Return Authorization for Fiduciaries

8453-FID

Name of estate or trust \_\_\_\_\_ FEIN \_\_\_\_\_

Name and title of fiduciary \_\_\_\_\_

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Description (Total income, Taxable income, Total tax, Tax due, Overpaid tax) and Amount (lines 1-5)

Part II Settle Your Account Electronically for Taxable Year 2019

6 [ ] Electronic funds withdrawal 6a Amount \_\_\_\_\_ 6b Withdrawal date (mm/dd/yyyy) \_\_\_\_\_

Part III Schedule of Estimated Tax Payments for Taxable Year 2020 (These are NOT installment payments for the current amount the fiduciary owes.)

Table with 5 columns: Description (Amount, Withdrawal Date) and four columns for First, Second, Third, and Fourth Payment

Part IV Banking Information (Have you verified the fiduciary's banking information?)

9 Routing number \_\_\_\_\_ 10 Account number \_\_\_\_\_ 11 Type of account: [ ] Checking [ ] Savings

Part V Declaration of Fiduciary or Officer

I authorize the fiduciary account to be settled as designated in Part II. If I check Part II, Box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and any estimated payment amounts listed on line 7 from the account specified in Part IV.

Under penalties of perjury, I declare that I am a fiduciary or officer representing the fiduciary of the above estate or trust and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the fiduciary's 2019 California income tax return. To the best of my knowledge and belief, the fiduciary's return is true, correct, and complete. If the fiduciary is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the fiduciary's tax liability, the fiduciary will remain liable for the tax liability and all applicable interest and penalties. I authorize the return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the return is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider, the reason(s) for the delay.

Sign Here Signature of fiduciary or officer representing fiduciary \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above estate or trust return and that the entries on form FTB 8453-FID 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 return. I declare, however, that form FTB 8453-FID accurately reflects the data on the return.) I have obtained the fiduciary or officer representing the fiduciary's signature on form FTB 8453-FID before transmitting this return to the FTB; I have provided the fiduciary or officer representing the fiduciary 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, 2019 Handbook for Authorized e-file Providers. I will keep form FTB 8453-FID on file for four years from the due date of the return or four years from the date the fiduciary 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 fiduciary'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 [ ] Check if self-employed [ ] ERO's PTIN \_\_\_\_\_ Firm's name (or yours if self-employed) and address \_\_\_\_\_ Firm's FEIN \_\_\_\_\_ ZIP code \_\_\_\_\_

Under penalties of perjury, I declare that I have examined the above fiduciary'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 [ ] Paid preparer's PTIN \_\_\_\_\_ Firm's name (or yours if self-employed) and address \_\_\_\_\_ Firm's FEIN \_\_\_\_\_ ZIP code \_\_\_\_\_