Date Accep	ted
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TAXABLE \	YEAR							FORM	
201	9 C	alifornia e-file	Return Auth	oriza	tion f	or Individ	luals	8453	
Your first nam	me and initial		Last name	Last name			Suffix Your SSN or ITIN		
If joint return,	, spouse's/RD	P's first name and initial	Last name	Last name			Suffix Spouse's/RDP's SSN or ITIN		
Street address (number and street) or PO box				Apt. no. /ste. no.			Daytime telephone number		
City						State	ZIP code		
Foreign coun	ntry name		Foreign province/state	Foreign province/state/county			Foreign postal code		
Part I Ta	ay Return In	formation (whole dollars only)							
		oss income. See instructions					1		
		t due. See instructions							
		e instructions							
Part II S	Settle Your A	ccount Electronically for Taxat	ole Year 2019 (Payment d	lue 4/15/2	020)				
4 □ Direc	ct deposit of	refund 5 \square Electronic fund	s withdrawal 5a Amou	nt	/	5b Withdra	awal date (mm/dd/yyyy	')	
		ted Tax Payments for Taxable							
		First Payment Due 4/15/2020						nt Due 1/15/2021	
6 Amount									
7 Withdrav	wal date								
Part IV B	Banking Info	rmation (Have you verified your b	panking information?)				'		
8 Amount	of refund to b	pe directly deposited to account b	pelow	12 The i	remaining a	mount of my refund	for direct deposit		
11 Type of a	account: 🗆	Checking ☐ Savings		15 Type	of accoun	t: 🗆 Checking	☐ Savings		
		of Taxpayer(s)	If I also als Doubll Double I		41 41:4		ation in Deat N/ annual		
stated on my from the ban	/ return. If I c ik account lis	be settled as designated in Part II. heck Part II, Box 5, I authorize an ted on lines 9, 10, and 11. If I hav funds withdrawal.	electronic funds withdrawa	al for the a	mount liste	d on line 5a and anv o	estimated payment an	nounts listed on line (
name, addres amounts sho filing a balandall applicable service provi	ss, and social own on the co ice due return e interest and ider. If the pr	y, I declare that the information security number (SSN) or individual security number (SSN) or individual security number (SSN) or individual security numbers and that if the Franchist penalties. I authorize my return cocessing of my return or refund the refund was sent.	lual taxpayer identification i ifornia income tax return. T e Tax Board (FTB) does not and accompanying schedul	number (IT o the best receive full les and sta	TIN), and the of my know I and timely tements be	e amounts shown in F ledge and belief, my payment of my tax lia transmitted to the F	Part I above agrees wit return is true, correct, ability, I remain liable i TB bv mv ERO, transr	th the information and and complete. If I and for the tax liability and nitter, or intermediat	
Sign									
Here	Your sig	nature	Date		Spouse's	/RDP's signature. If fill	ing jointly, both must s	ign. Date	
Part VI	Doctoration	of Electronic Return Originato	r (EDA) and Baid Braner	or Coo in		vful to forge a spouse	's/RDP's signature.		
I declare that service provide obtained the to the FTB, and the due date under penaltic	I have review der, I understa taxpayer's sig I have followe of the return es of perjury,	ed the above taxpayer's return and and that I am not responsible for renature on form FTB 8453 before trad all other requirements described or four years from the date the retuil declare that I have examined the ablete. I make this declaration based	that the entries on form FTB viewing the taxpayer's return nsmitting this return to the Fin FTB Pub. 1345, 2019 Han urn is filed, whichever is late above taxpayer's return and a	8453 are on the state of the st	complete and however, the provided the Authorized e make a coping schedule	nat form FTB 8453 acc taxpayer with a copy of file Providers. I will k by available to the FTB	urately reflects the data of all forms and informa eep form FTB 8453 on upon request. If I am	a on tȟe return.) I hav ation that I will file witl file for four years fron also the paid prepare	
ERO Must Sign	ERO's- signature	•		Date	al	heck if Check if self-reparer cmploye			
	Firm's name if self-emplo and address	oyed)				F	ZIP code		
	ties of perjury	y, I declare that I have examined						of my knowledge an	
, ,	*	ct, and complete. I make this dec	iaration based on all intorm		ilicii i nave	Ŭ			
Paid	Paid preparer's			Date		Check if self-	Paid preparer's PTI	N	
Preparer	signature					employed \Box]		
Must Sign	Firm's name if self-emplo					FEIN			
oiyii	and address			· ·	-		ZIP code		