

TAXABLE YEAR

FORM

2019

California e-file Return Authorization for Individuals

8453

Form fields for personal information: Your first name and initial, Last name, Suffix, Your SSN or ITIN, etc.

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income. See instructions. 1
2 Refund or no amount due. See instructions. 2
3 Amount you owe. See instructions. 3

Part II Settle Your Account Electronically for Taxable Year 2019 (Payment due 4/15/2020)

4 Direct deposit of refund 5 Electronic funds withdrawal 5a Amount 5b Withdrawal date (mm/dd/yyyy)

Part III Make Estimated Tax Payments for Taxable Year 2020 These are NOT installment payments for the current amount you owe.

Table with 5 columns: Amount, First Payment Due 4/15/2020, Second Payment Due 6/15/2020, Third Payment Due 9/15/2020, Fourth Payment Due 1/15/2021

Part IV Banking Information (Have you verified your banking information?)

8 Amount of refund to be directly deposited to account below 12 The remaining amount of my refund for direct deposit
9 Routing number 13 Routing number
10 Account number 14 Account number
11 Type of account: Checking Savings 15 Type of account: Checking Savings

Part V Declaration of Taxpayer(s)

I authorize my account to be settled as designated in Part II. If I check Part II, Box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return.

Under penalties of perjury, I declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above agrees with the information and amounts shown on the corresponding lines of my 2019 California income tax return.

Sign Here Your signature Date Spouse's/RDP's signature. If filing jointly, both must sign. Date

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

I declare that I have reviewed the above taxpayer's return and that the entries on form FTB 8453 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 taxpayer's return.)

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 FEIN ZIP code

Under penalties of perjury, I declare that I have examined the above taxpayer'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 FEIN ZIP code