

TAXABLE YEAR

FORM

2020 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 2020

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

Part III Schedule of Estimated Tax Payments for Taxable Year 2021 (These are NOT installment payments for the current amount the fiduciary owes.)

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

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 2020 California income tax return.

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.)

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