TAXABLE YEAR FORM

| 2020 | California e-file | Signature Authorization for Individuals |
|------|-------------------|---|
|------|-------------------|---|

8879

| Your name   | Your SSN or ITIN  |  |  |
|---|---|--|--|
| Spouse's/RDP's name   | Spouse's/RDP's SSN or ITIN  |  |  |
| Part I Tax Return Information (whole dollars only)  |   |  |  |
| 1 California Adjusted Gross Income (AGI). See instructions  | 1   |  |  |
| 2 Amount You Owe. See instructions  | 2   |  |  |
| <b>3</b> Refund or No Amount Due. See instructions  | 3   |  |  |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)   |   |  |  |
| Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying sch year ending December 31, 2020, and to the best of my knowledge and belief, it is true, correct, and complete. I further dec to my electronic return originator (ERO), transmitter, or intermediate service provider (including my name, address, and so tax identification number) and the amounts shown in Part I above agree with the information and amounts shown on the c income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointn agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent. If I am filing a balance du does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent | lare that the information I provided ocial security number or individual corresponding lines of my electronic apayments as shown on my return direct deposit refund amount on line 3 ment of the other spouse/RDP as an exprovider to transmit my complete ase to my ERO, intermediate service e return, I understand that if the FTB penalties. I acknowledge that I have ave selected a personal identification |  |  |
| Taxpayer's PIN: check one box only  |   |  |  |
| ☐ I authorize to en   | ter my PIN  |  |  |
| ERO firm name   | Do not enter all zeros  |  |  |
| as my signature on my 2020 e-filed California individual income tax return.   |   |  |  |
| I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box <b>only</b> if y return is filed using the Practitioner PIN method. The ERO must complete Part III below.  | ou are entering your own PIN and your   |  |  |
| Your signature  Date  |   |  |  |
| Spouse's/RDP's PIN: check one box only  |   |  |  |
| □ I authorizeto en  | ter my PIN  |  |  |
| ERO firm name   | Do not enter all zeros  |  |  |
| as my signature on my 2020 e-filed California individual income tax return.   |   |  |  |
| I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box of and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.   | only if you are entering your own PIN   |  |  |
| Spouse's/RDP's signature  Date  Date  |   |  |  |
| Practitioner PIN Method Returns Only continue below   |   |  |  |
| Part III Certification and Authentication — Practitioner PIN Method Only  |   |  |  |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  Do not enter all zeros  |   |  |  |
| I certify that the above numeric entry is my PIN, which is my signature for the 2020 California individual income tax return confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Put e-file Providers.  |   |  |  |
| ERO's signature  Date  Date   |   |  |  |