TAXABLE 202	· • · · · · · ·	eturn Autho	rization	for Indi	vidua	ls	FORM 8453	
Your first nam	ne and initial	Last name		Suffix Y		ur SSN or ITIN		
If joint return	, spouse's/RDP's first name and initial	Last name Suffix			x Sp	Spouse's/RDP's SSN or ITIN		
Street addres	ss (number and street) or PO box	ŀ	Apt. no. /ste. no.	PMB/private ma	ailbox Da	ytime telephone nur	nber	
City				State	ZIF	² code		
Foreign coun	ntry name	Foreign province/state/county			Fo	Foreign postal code		
Part I Ta	ax Return Information (whole dollars only)							
2 Refund of 3 Amount Part II S	a adjusted gross income. See instructions or no amount due. See instructions you owe. See instructions					1 2		
	ct deposit of refund tronic funds withdrawal 5a Amount	5h \/	/ithdrawal date	(mm/dd/\\\\\)				
	Nake Estimated Tax Payments for Taxable Yea							
	First Payment 4/18/2022	Second Payment 6/15/2		rd Payment 9/15/		Fourth Paymer	nt 1/17/2023	
6 Amount						r our ur r uymor		
7 Withdra	wal date							
	Banking Information (Have you verified your ban	king information?)						
	of refund to be directly deposited to account belo		12 The remainir	ig amount of my r	efund for di	irect deposit		
	number							
	number							
11 Type of a	account: 🗆 Checking 🛛 Savings	-	15 Type of acco	ount: 🗆 Checkin	g 🗆 🗄	Savings		
	Declaration of Taxpayer(s)							
stated on my from the ban agent to r	ny account to be settled as designated in Part II. If I y return. If I check Part II, box 5, I authorize an ele ik account listed on lines 9, 10, and 11. If I have fi receive the refund or authorize an electronic funds	ctronic funds withdrawal t led a joint return, this is an withdrawal.	for the amount li n irrevocable app	sted on line 5a and ointment of the ot	l any estima her spouse,	ated payment amou /registered domesti	nts listed on line 6 c partner (RDP) as	
amounts sho filing a balan all applicable service prov	ties of perjury, I declare that the information I pr ss, and social security number (SSN) or individual own on the corresponding lines of my 2021 Califor ce due return, I understand that if the Franchise Ta a interest and penalties. I authorize my return and ider. If the processing of my return or refund is date when the refund was sent.	nia income tax return. To f ix Board (FTB) does not re Laccompanying schedules	the best of my kr ceive full and tim and statements	lowledge and belie lely payment of my be transmitted to	f, my returr tax liability the FTB by	n is true, correct, an y, I remain liable for y my ERO, transmitt	d complete. If I am the tax liability and ter, or intermediate	
Sign								
Here	Your signature	Date				intly, both must sign	. Date	
	Destaustion of Electronic Detune Origination (nlawful to forge a s	bouse's/RD	P's signature.		
I declare that service provio obtained the the FTB, and the due date under penalti	Declaration of Electronic Return Originator (I I have reviewed the above taxpayer's return and tha der, I understand that I am not responsible for reviev taxpayer's signature on form FTB 8453 before transm I have followed all other requirements described in F of the return or four years from the date the return es of perjury, I declare that I have examined the above rect, and complete. I make this declaration based on	t the entries on form FTB 8 wing the taxpayer's return nitting this return to the FTE TB Pub. 1345, 2021 Handb is filed, whichever is later, i e taxpayer's return and acc	453 are complete I declare, howeve 3; I have provided book for Authorize and I will make a companying sche have knowledge.	and correct to the r, that form FTB 84 the taxpayer with a ed e-file Providers. I copy available to th dules and statemen	53 accuratel copy of all f will keep fo he FTB upon ts, and to th	ly reflects the data of forms and informatio form FTB 8453 on file a request. If I am als te best of my knowle	n the return.) I have on that I will file with for four years from o the paid preparer,	
ERO	ERO's signature		Date	also paid if	heck self- mployed □	ERO's PTIN		
Must Sign	Firm's name (or yours if self-employed)				Firm's I	-		
Under penali	and address end address and address and address and statem					ZIP code ents, and to the best of my knowledge and		
belief, they a	re true, correct, and complete. I make this declara Paid	tion based on all informat	ion of which I ha	ive knowledge.	heck	Paid preparer's P		
Paid Preparer	preparer's		Duit	if	self-			
Must				e	mployed L			
Sign	Firm's name (or yours if self-employed)					-		
9	and address					ZIP code		
For Privac	y Notice, get FTB 1131 EN-SP.					F	TB 8453 2021	