## California Electronic Funds Withdrawal Payment \_\_\_\_\_\_ FORM Signature Authorization for Individuals and Fiduciaries 8879 (PMT) TAXABLE YEAR 2022

Part I Extension Payment Information for Taxable Year 2022    Electronic Funds Withdrawal (EFW) Amount	Name of taxpayer, estate, or trust			SSN, ITIN	, or FEIN	
Part I Extension Payment Information for Taxable Year 2022    Electronic Funds Withdrawal (EFW) Amount	Spouse's/RDP's name or name and title of fiduciary				Spouse's/RDP's SSN or ITIN	
1 Electronic Funds Withdrawal (EPW) Amount 2 Withdrawal Date (mm/dd/yyyy)  Part II Scheduled Estimated Tax Payments for Taxable Year 2023 These are NOT installments of the current amount you owe.    First Payment						
Part II Scheduled Estimated Tax Payments for Taxable Year 2023 These are NOT installments of the current amount you owe.    First Payment	Part I Extension Payment Information for	or Taxable Year 2022				
Part II Scheduled Estimated Tax Payments for Taxable Year 2023 These are NOT installments of the current amount you owe.    First Payment	1 Electronic Funds Withdrawal (EFW) Amou	nt				
First Payment Second Payment Third Payment Fourth Payment    A Withdrawal Date	2 Withdrawal Date (mm/dd/yyyy)					
3 Amount 4 Withdrawal Date (mm/dd/yyyy)  Part III Banking Information for Electronic Funds Withdrawals from Parts I and II 5 Routing number	Part II Scheduled Estimated Tax Payme	nts for Taxable Year 2023	These are <b>NOT</b> installme	nts of the curre	ent amount you owe.	
## Withdrawal Date (mm/ddyyyy)    Part III   Banking Information for Electronic Funds Withdrawals from Parts I and II	First Payment	Second Payment	Third Paymen	t	Fourth Payment	
## Withdrawal Date (mm/ddyyyy)  Part III Banking Information for Electronic Funds Withdrawals from Parts I and II  ## Shouting number						
Part III   Banking Information for Electronic Funds Withdrawals from Parts I and II	3 Amount					
5 Routing number 6 Account number 7 Type of account: Checking Savings Part IV Taxpayer or Fiduciary Declaration and Signature Authorization 1 authorize an EFW on the date indicated on line 2 for the amount stated on line 1, for each amount stated on line 3, corresponding to the estimated payment date. The above EFWs are to be made from the bank account indicated on line 4, for each amount stated on line 3, corresponding to the estimated payment date. The above EFWs are to be made from the bank account indicated on line 3, 6, and 7. This authorization will remain in effect unless I contact the Franchise Tax Board (FIB) to cancel the request. I request that the payment(s) above be deducted from the bank account indicated above be deducted from the bank account the date specified above. It this date talls on a Saturday, Sunday, or hold the transfer is authorized for the next business day. If the FIB cannot deduct the payment from the account because of insufficient funds or because the bank account the transfer is authorized boxes of the next business day. If the FIB cannot deduct the payment from the account because of insufficient funds or because the bank account indicated on lines 5, 6, and 7. This authorized for the next business day. If the FIB cannot deduct the payment from the account because of insufficient funds or because the bank account the text between the bank of the next business day. If the FIB cannot deduct the payment tree that have complete that have completed this payment authorization to the best of my knowledge and belief; it is true, correct, and complete. I have selected a personal identification number (FIPN) as my signature on my 2022 e-filed California EFW payment request.    Authorize	Transaran Date					
7 Type of account: Checking Savings  Part IV Taxpayer or Fiduciary Declaration and Signature Authorization    authorize an ERW on the date indicated on line 2 for the amount stated on line 1, plus EFWs for the estimated payments to be made on the dates indicated on line 4, for each amount stated on line 3, corresponding to the estimated payment date. The above EFWs are to be made from the bank account indicated on line 3, or each amount stated on line 3, corresponding to the estimated payment date. The above EFWs are to be made from the bank account indicated on line 3, or and 7. This authorization will remain in effect unless I contact the Franchise Tax Board (FTB) to cancel the request. I request that the payment(s) above be deduced from the bank account on the date specified above. If this date falls on a Saturday, Sunday, or holiday, the transfer is authorized for the next business day. If the FTB cannot deduct the payment from the account because of insufficient funds or because the bank account is closed, the FTB may charge a dishonored payment penalty. I will be responsible for any overdraft fees charged by the bank. Under penalties of perjury under the laws of the State of California, I declare that I have completed this payment authorization to the best of my knowledge and belief; it is true, correct, and complete. I have selected a personal identification number (PIN) as my signature on FW EFW payment request.    Taxpayer or fiduciary's PIN: check one box only	Part III Banking Information for Electro	nic Funds Withdrawals fro	m Parts I and II			
7 Type of account: Checking Savings  Part IV Taxpayer or Fiduciary Declaration and Signature Authorization  I authorize an EFW on the date indicated on line 2 for the amount stated on line 1, plus EFWs for the estimated payments to be made on the dates indicated on line 4, for each amount stated on line 3, corresponding to the estimated payment date. The above EFWs are to be made from the bank account indicated on line 4, for each amount stated on line 3, corresponding to the estimated payment date. The above EFWs are to be made from the bank account indicated on lines 5, 6, and 7. This authorization will remain in effect unless I contact the Franchise Tax Board (FTB) to cancel the request. I request that the payment(s) above be deduced from the bank account in the date specified above. If this date falls on a Saturday, Sunday, or high, the transfers is authorized to the heavt business day. If the FTB cannot deduct the payment from the account because of insufficient funds or because the bank account is closed, the FTB may charge a dishonored payment penalty. I will be responsible for any overfirst flees charged by the bank. Under penalties of perjury under the laws of the State of California, I declare that I have completed this payment authorization to the best of my knowledge and belief; it is true, correct, and complete. I have selected a personal identification number (PIN) as my signature for my EFW payment request.    authorize	5 Routing number					
Part IV Taxpayer or Fiduciary Declaration and Signature Authorization   authorize an EFW on the date indicated on line 2 for the amount stated on line 1, plus EFWs for the estimated payments to be made from the hank account indicated on line 4, for each amount stated on line 3, for expending to the estimated payment date. The above EFWs are to be made from the bank account indicated on lines 5, 6, and 7. This authorization will remain in effect unless I contact the Franchise Tax Board (FTB) to cancel the request. I request that the payment(s) above be deduced to the hank account will remain in effect unless I contact the Franchise Tax Board (FTB) to cancel the request. I request that the payment showe be deduced the form the account leads esciented above. If this date falls on a Saturday, Sunday, onliding, the transfer is authorized for the next business day. If the FTB cannot deduct the payment from the account because of insufficient funds or because the bank account is closed, the FTB may charge a dishonored payment but the saturday. Sunday charge is authorized for the Next business day. If the FTB cannot deduct the payment from the account because of insufficient funds or because the bank account is closed, the FTB may charge a dishonored payment behalf account and the saturday. Sunday accounts of the State of California is declared that the saturday sunday charge is authorized. It is true, correct, and complete. I have selected a personal identification number (FIN) as my signature or my 2022 e-filed California EFW payment request. Check this box only if you are entering your own PIN as my signature on my 2022 e-filed California EFW payment request. Check this box only if you are entering your own PIN and your EFW payment request is filed using the Practitioner PIN method Only    Part V Certification and Authentication — Practitioner PIN Method Only   Part V Certification	6 Account number					
authorize an EFW on the date indicated on line 2 for the amount stated on line 1, plus EFWs for the estimated payments to be made on the dates indicated on line 4, for each amount stated on line 3, corresponding to the estimated payment date. The above EFWs are to be made from the bank account indicated on lines 5, 6, and 7. This authorization will remain in effect unless I contact the Franchise Tax Board (FTB) to cancel the request. The payment(s) above be deducted from the bank account on the date specified above. If this date falls on a Saturday, Sunday, or holiday, the transfer is authorized for the next business day. If the FTB cannot deduct the payment from the account because of insufficient funds or because these accounts closed, the FTB may charge a dishonored payment penalty. I will be responsible for any overdraft fees charged by the bank. Under penalties of perjury under the laws of the State of California, I declare that I have completed this payment authorization to the best of my knowledge and belief; it is true, correct, and complete. I have selected a personal identification number (PIN) as my signature for my EFW payment request.  Taxpayer or fiduciary's PIN: check one box only    authorize	7 Type of account:  Checking Sav	vings				
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as my signature on my 2022 e-filed California EFW payment request.  I will enter my PIN as my signature on my 2022 e-filed California EFW payment request. Check this box only if you are entering your own PIN and your EFW payment request is filed using the Practitioner PIN method. The electronic return originator (ERO) must complete Part V below.  Your signature   Spouse's/RDP's PIN: check one box only  I authorize						
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payment request is filed using the Practitioner PIN method. The electronic return originator (ERO) must complete Part V below.  Your signature   Date   Spouse's/RDP's PIN: check one box only   I authorize   ERO firm name  as my signature on my 2022 e-filed California EFW payment request.  I will enter my PIN as my signature on my 2022 e-filed California EFW payment request. Check this box only if you are entering your own PIN and your EFW payment request is filed using the Practitioner PIN method. The ERO must complete Part V below.  Spouse's/RDP's signature   Practitioner PIN Method Payments Only continue below  Part V Certification and Authentication — Practitioner PIN Method Only  ERO's Electronic Filer Identification Number (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 2022 California EFW payment request for the taxpayer(s) or fiduciary indicated above. I confirm that I am submitting this EFW payment request in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers.	as my signature on my 2022 e-filed California E	FW payment request.				
Spouse's/RDP's PIN: check one box only					our own PIN and your EFW	
ERO firm name as my signature on my 2022 e-filed California EFW payment request.  ☐ I will enter my PIN as my signature on my 2022 e-filed California EFW payment request. Check this box only if you are entering your own PIN and your EFW payment request is filed using the Practitioner PIN method. The ERO must complete Part V below.  Spouse's/RDP's signature  ☐ Date ☐ Practitioner PIN Method Payments Only continue below  Part V Certification and Authentication — Practitioner PIN Method Only  ERO's Electronic Filer Identification Number (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 2022 California EFW payment request for the taxpayer(s) or fiduciary indicated above. I confirm that I am submitting this EFW payment request in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers.	Your signature 🕨		Date <b>&gt;</b>			
as my signature on my 2022 e-filed California EFW payment request.  I will enter my PIN as my signature on my 2022 e-filed California EFW payment request. Check this box only if you are entering your own PIN and your EFW payment request is filed using the Practitioner PIN method. The ERO must complete Part V below.  Spouse's/RDP's signature  Practitioner PIN Method Payments Only continue below  Part V Certification and Authentication — Practitioner PIN Method Only  ERO's Electronic Filer Identification Number (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 2022 California EFW payment request for the taxpayer(s) or fiduciary indicated above. I confirm that I am submitting this EFW payment request in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers.	Spouse's/RDP's PIN: check one box only					
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Practitioner PIN Method Payments Only continue below  Part V Certification and Authentication — Practitioner PIN Method Only  ERO's Electronic Filer Identification Number (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 2022 California EFW payment request for the taxpayer(s) or fiduciary indicated above. I confirm that I am submitting this EFW payment request in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers.	Spouse's/RDP's signature		Date <b>▶</b>			
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