



## Election

Financial institutions use this election form to participate in the Financial Institution Record Match (FIRM) program with the Franchise Tax Board (FTB). Refer to the reverse side of this form for additional information. When completed and signed by an authorized representative of your institution, this form serves as the official data processing document with FTB.

### Institution Information

Financial institution routing number

Institution's name			Federal employer identification number (FEIN)	
Institution's address				
City			State	ZIP Code
Mailing address (if different from street address)				
City			State	ZIP Code
Primary contact name	Phone	Fax	Email	
Secondary contact name	Phone	Fax	Email	

#### Action

Effective date of election or change

- ☐ Initial election  
☐ Change election  
☐ Add or change transmitter

#### Exchange Method (Choose one)

- ☐ Method 1 All accounts method. The first quarter of participation, you submit a file to us of all open accounts through a secured transfer application. For subsequent quarters, the file may contain all open accounts or just updates of opened, closed, or changed accounts. By selecting this method you are stating your financial institution does not have the technical ability to process the data exchange, or to employ a third-party data processor to process the data exchange.
- ☐ Method 2 Matched accounts method. You or your authorized third-party designee must retrieve a downloadable file of a list of debtors (the Inquiry File) through a secured web internet file transfer (SWIFT) application. You match the Inquiry File against all open accounts and return a file (the Match File) of the matched accounts. The matched file is returned through a SWIFT application.

### Transmitter Institution

If you use a transmitter or third-party (transmitter) to exchange FIRM data with FTB, provide the following transmitter's contact information. By designating a transmitter, the financial institution grants FTB permission to exchange FIRM data and communicate with the transmitter on behalf of the financial institution.

Transmitter name			FEIN	
Address				
City			State	ZIP Code
Contact	Phone	Fax	Email	

### Authorized Representative for Financial Institution

You and your designated associates will protect the confidentiality of any data or information supplied to the financial institution by FTB or FTB's designated data matching agent. Subdivision (e) of R&TC Section 19266 provides: e) A financial institution shall incur no obligation or liability to any person arising from any of the following:

(1) Furnishing information to FTB as required by this section. (2) Failing to disclose to a depositor or account holder that the name, address, social security number or other debtor identification number, or other identifying information of that delinquent tax debtor was included in the data exchange with FTB required by this section. (3) Any other action taken in good faith to comply with the requirements of this section.

Name (please print)	Title
Signature	Date

## Purpose

Financial institutions doing business in the State of California shall complete and file with the FIRM Program Administrator the FTB 2060, *Election*, which establishes FIRM program participation, the chosen method of data matching, and the name of the transmitter.

Once the financial institution submits and files a completed FIRM election with the FIRM Program Administrator it remains binding until the financial institution submits a new form. The financial institution shall submit and file any changes to the financial institution's name with the FIRM Program Administrator on a new FTB 2060, *Election*, within thirty (30) calendar days of approval of a name change from its primary regulator. Any new contact information shall be submitted and filed with the FIRM Program Administrator on a new election form as soon as the change is established at the financial institution.

The financial institution shall submit and file any changes to the financial institution's transmitter or election method with the FIRM Program Administrator on a new FTB 2060, *Election*, at least sixty (60) calendar days in advance of the next calendar quarter. Complete the form and include the authorized signature and fax it to 517.318.4696 or mail it to: CATAX/INFORMATIX, TAX MATCH OPERATIONS, 2535 CAPITOL OAKS DRIVE, SUITE 340, SACRAMENTO, CA 95833.

The FIRM Program Administrator shall notify the financial institution in writing as to the calendar quarter the financial institution shall begin its quarterly participation under the participation schedule. Unless otherwise directed in writing by the FIRM Program Administrator, all subsequent data matches shall continue as described in the participation schedule.

## Participation Schedule

The due date to make program changes (e.g., change contact information or transmitter) and to submit a new FTB 2060, *Election*, to the FIRM Program Administrator is 60 calendar days prior to the data exchange due date. To receive a Method 2 Inquiry File according to the participation schedule, we shall receive the election form prior to the FTB Inquiry File available date listed.

Quarter	Quarter Months	New Election Form Due Date	FTB Inquiry File Available (Method 2)	Method 1 & 2 Data Due Date
1st Qtr.	Jan, Feb, Mar	Mar 30	Apr 15	May 30
2nd Qtr.	Apr, May, Jun	June 30	July 15	Aug 30
3rd Qtr.	Jul, Aug, Sep	Sept 30	Oct 15	Nov 30
4th Qtr.	Oct, Nov, Dec	Dec 31	Jan 15	Feb 28

If it falls on a weekend or holiday, the due date shall be the next business weekday.

To assist in program administration, the Inquiry File Availability Dates (Method 2) and the Method 1 & 2 Match Files Due Dates may be modified at any time by FTB, but in no event shall such dates be earlier than the dates specified in the Participation Schedule table. The FIRM Program Administrator shall provide written notice to the financial institutions prior to any change in the schedule.

**Your Institution:** Complete the Institution Name line with the exact name that you will enter as the institution name in the "A" record of the Method 1 or Method 2 file that you will submit to FTB.

**Transmitter Information:** Enter the contact information about the transmitter that will perform the FIRM data exchange on behalf of your institution. The Method 2 Inquiry File will be available through a SWIFT application. Do not enter your institution on the form as its own transmitter unless you are also submitting a separate file on behalf of another financial institution.

**Authorized Representative:** An officer of your institution.

Assistance – Informatix, Inc., FIRM Program Administrator operates a call site weekdays to answer questions related to the Financial Institution Record Match Process.

Phone: 866.576.5986

Hours of operation: 8:00 a.m. to 5:00 p.m.

Email address: CATAX@informatixinc.com

## FTB FIRM Program Administrator Contacts

Email address: ftbfirmhelp@ftb.ca.gov