



☐ Check this box if you are making revisions.

Email: iicgroup@ftb.ca.gov
Phone: 916.845.5344
Fax: 916.843.2460

Intent to Participate and Agency Certification

Complete both sides of this form, sign, and either fax or email it to us.

Part 1 – Agency Type (Check the appropriate box.)

Individual debts: ☐ State ☐ City ☐ County ☐ Court ☐ College (private) ☐ College (public) ☐ Special District

Corporation or limited liability company (LLC) debt: ☐ State

Part 2 – Agency

Agency name	Process year: 2027
Division/branch	Agency code

Part 3 – Public Contact Unit (Provide an address and phone number for your debtors to contact you directly.)

Agency name	Unit name	Phone
		Ext.
Agency address/PO box		Room/suite/floor
City	State	ZIP Code

☐ Check this box if the public contact unit is a private collection firm.

Provider name: _____ Phone: _____

Contact name: _____ Phone: _____

Part 4 – FTB Intercept Program Liaisons

Provide the names and **direct** phone numbers of up to three individuals we may contact to resolve issues or obtain account information. These individuals should be authorized to request intercept services. We may provide email addresses to the State Controller's Office (SCO) for billing purposes.

Name	Position
Email address	Phone
	Ext.
Name	Position
Email address	Phone
	Ext.
Name	Position
Email address	Phone
	Ext.
Debtor assistance email address (Provide information if different than liaisons. Do not include third party email address)	
Phone	
Ext.	

Part 5 – Agency Mailing Address (Provide address to send warrants, fund transfers, and billings [exclude private collection firm information].) We may provide email addresses to the SCO for billing purposes.

Agency name	Unit name	Phone
		Ext.
Agency address/PO Box		Room/suite/floor
City	State	ZIP Code
Contact name	Phone	
	Ext.	
Email address	Fax	

Part 6 – SWIFT Agency Contact Information

Name	Phone
SWIFT email address or group email address	
Ext.	

Part 7 – Select Your Account Type (Select only one.)

- ☐ State agency (complete either A, B, or C [the SCO will credit the intercepts accordingly])
- A.** General checking account number (three-digit number): _____
- B.** Special fund – Fund number: _____ Organization code: _____ Fiscal Year: _____
State Controller's account number: _____
(Contact your accounting office for this number)
Account type (check one): ☐ Revenue ☐ Disbursement ☐ General Ledger
- C.** Warrant ☐
- ☐ City, county, agency, or college.
Special Districts – bridge tolls and high occupancy toll lane fees. (Government Code (GC) Section 12419.12)
A warrant will be issued to your agency listing the intercept funds sent to you.

Agency Certification**Complete the following information in full and sign.**

This document notifies the Franchise Tax Board (FTB) that the agency plans to participate in the Interagency Intercept Collections Program for the 2026 process year. In doing so, I certify that all debtors received due process and the debts submitted for offset comply with the following GC Sections (Check one):

- ☐ State agencies (GC Sections 12419.5, 12419.9, 12419.10, 12419.11, and 12419.12 and SAM Sections 8293.1 and 8293.4)
- ☐ Counties, city agencies, and special districts — 12419.8, 12419.10, and 12419.12
(Does not apply to corporations or LLCs.)

Are you currently participating in the Court-Ordered Debt (COD) Program? ☐ Yes ☐ No

Type of debt we intend to collect for individual debts. Check all that apply:

- ☐ Dishonored Check ☐ Fees ☐ Fines ☐ Parking Citations ☐ Judgments
☐ Taxes ☐ Tuition ☐ Insurance ☐ Unpaid Services ☐ Overpayment
☐ Tolls ☐ Other (list the debt type): _____

_____	_____	_____
_____	_____	_____

Type of debt we intend to collect for corporation and LLC debts:

- ☐ Dishonored Check ☐ Fees ☐ Fines ☐ Other (list the debt type): _____

_____	_____	_____
_____	_____	_____

I certify that the _____ agrees to pay administrative costs to the California State Controller's Office for processing these offset accounts, and that I am authorized to request services on behalf of this agency/college. Administrative costs include any direct or indirect expense incurred by FTB or SCO to process your request, including any expense to respond to administrative or civil complaints for an offset performed at your request.

I certify that all records, copies, files, and media submissions received by the _____ shall be destroyed in a manner acceptable to FTB.

The approved destruction methods that permanently render data unreadable and unusable include:

- Crisscross shredding if the shreds are 5/16 inch or smaller.

All unauthorized or suspected access, uses, and/or disclosures (incidents) of the information received under this agreement shall be thoroughly reviewed by FTB. We comply with the incident reporting requirements, in accordance with Civil Code Section 1798.29 and SAM Chapter 5300 (Information Security). The participant shall immediately notify FTB's Information Security Audit Unit of all incidents involving the information obtained under this agreement as applicable, and provide the appropriate information to facilitate the required reporting to the taxpayers or state oversight agencies. Notification can be made by email at: **SecurityAuditMail@ftb.ca.gov** or by calling 916.845.5555.

Agencies using a private collection firm or data service provider need to read, sign, adhere to, and maintain FTB 7904, *Confidentiality Statement*, and *Interagency Intercept Collection Program Special Terms and Conditions*. Agencies need to identify and maintain these documents for **every** employee within their agency that has access to the daily and weekly reports. This requirement includes, but is not limited to, agency/vendor IT department staff, agency/vendor management, agency/vendor fiscal staff, agency/vendor collector staff, etc. **It is the responsibility of the agency, college, or district to safeguard the data.**

Failure to maintain FTB 7904 and *Interagency Intercept Collection Program Special Terms and Conditions* could result in unauthorized disclosure or access. Penalties for unauthorized disclosure or access could result in fines and imprisonment under California Law (R&TC Sections 19542, 19542.1, and 19542.3 and Government Code Section 90005).

Penalties may extend to the signature and names listed on the intent form as well as individuals listed on FTB 7904.

Contact the Interagency Intercept desk for FTB 7904 and the *Interagency Intercept Collection Program Special Terms and Conditions*. Franchise Tax Board may request a completed copy of FTB 7904 at any time.

Pre-Intercept Notice

You are required to send your debtors a *Pre-Intercept Notice* that contains specific due process language, refer to sample FTB 2288. Go to ftb.ca.gov and search for 2288. The notice must:

- Provide the Government Code Sections that authorize your agency to submit debts for intercept.
- Allow your debtors 30 days to resolve or dispute the debts, **before** submitting their debts to us.
- Provide your agency's contact information where the debtor can dispute the liability.

We require both new and returning agencies to provide a copy of their *Pre-Intercept Notice* along with FTB 2280 PC and FTB 7904. **Failure to meet this requirement may result in a suspension of intercepts for your agency.**

Effective and Cooperative Communication

It is critical that FTB Intercept Program liaisons listed on FTB 2280 PC effectively communicate with debtors and FTB staff on account information, resolution of issues, and ensuring customer needs are met. **FTB requires agencies to respond to their debtors within 48 hours when contacted by FTB staff to ensure issues are resolved and customer needs are met. Failure to cooperate in effective communication and account resolution may result in a suspension of intercepts for the participating agency.**

Signature Authorization

I hereby certify under penalty of perjury under the laws of California, that all information supplied on this form including any attachment is true, correct, and complete to the best of my knowledge and ability.

I agree that our agency's fax signatures sent to FTB should be treated as original signatures.

Print name	Title	Phone
Email address		
Signature X		Date