



Mark this box if you are making revisions.

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

Intent to Participate

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

Part 1 – Agency type

Individual debts

State City County Court College Special District

Corporation or limited liability company (LLC) debt:

State

Part 2 – Agency

Agency name:	Process year: 20 __
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:	

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

Provider name: _____

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:	Phone:	Ext.
Email address:			
Name:	Position:	Phone:	Ext.
Email address:			
Name:	Position:	Phone:	Ext.
Email address:			

Part 5 – Agency mailing address (to send warrants, fund transfers, and billings [exclude private collection firm information]) We may provide email addresses to the State Controller's Office (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:
	Ext.

SWIFT email address or group email address:

Part 7 – Select your agency type (select only one)

- State agency (complete either A, B, or C. The State Controller will credit the intercepts accordingly.)
- A.** General checking account number (three digit number): _____
- B.** Special fund – Fund number: _____ Organization code: _____
State Controller's account number: _____ (Contact your accounting office for this number.)
- C.** Warrant

- City, county agency, or college.
Special Districts – bridge tolls and high occupancy toll lane fees. (Government Code 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 FTB that the _____ plans to participate in the Interagency Intercept Collections Program for the 20____ process year. In doing so, I certify that all debtors received due process and the debts submitted for offset comply with the following Government Code Sections (please mark one):

- State agencies and colleges — 12419.5, 12419.7, 12419.9, 12419.10, 12419.11, and 12419.12
- Counties, city agencies, and special districts — 12419.8, 12419.10, and 12419.12
(Does not apply to corporations or LLCs.)

Type of debt we intend to collect for individual debts:

- Fines Parking Citations Dishonored Check Fees Judgments
- Taxes Tuition Insurance Unpaid Services Overpayment

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

- Dishonored Check Fees Taxes
- 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:

- Damage to disks that prevents their use in any disk drive.
- 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.

All Agencies

Initial here ____ Prior to sending debts to the Franchise Tax Board, the participating agency must send the debtor a *Pre-Intercept Notice* allowing 30 days to resolve or dispute the liability before submitting the debt to the Interagency Intercept Collection Program. Submit a copy of the *Pre-Intercept Notice* with your completed FTB 2280, *Intent to Participate*, to the Interagency Intercept Collection group.

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

Print name:	Title:	Phone:
Signature: X		Date:

FTB will not send or receive taxpayer social security numbers through regular email. Confidential taxpayer information should not be sent through regular email. Call the IIC Program staff at 916.845.5344 to register for our secure internet file transfer service.