



Electronic Funds Transfer Election to Discontinue or Waiver Request

Use this form to request a waiver or to discontinue paying by electronic funds transfer (EFT).

You **must** remit all payments by EFT until you have been notified that we granted your request.

Entities who make an estimated tax or extension payment exceeding \$20,000, or whose total tax liability exceeds \$80,000 for any income year beginning on or after January 1, 1995, are required to remit all payments to us by EFT. Payments made by other means will result in a penalty of 10 percent of the amount paid (Revenue and Taxation Code (R&TC) Section 19011).

Any taxpayer who is required to remit payments by EFT may request a waiver of those requirements (R&TC Section 19011). We grant waivers if amounts paid in excess of the threshold amounts are not representative of the taxpayer's tax liability. In addition, taxpayers not meeting either threshold amount for the prior year may use FTB 3816 to elect to discontinue making payments by EFT.

Complete the following information.

Entity Name		Entity Number					
Address							
City		State		Zip Code			
If this entity is a member of a unitary group, attach a schedule showing the names and entity numbers of all other members that are California taxpayers.							

Select one of the following reasons this entity qualifies for a waiver or elects to discontinue EFT.

- This entity elects to discontinue making payments by EFT because it has not made an estimate tax or extension payment in excess of \$20,000 during the current or previous income year and the entity's total tax liability reported for the previous income year did not exceed \$80,000.
- This entity is requesting a waiver from EFT because the amounts paid were not representative of the entity's tax liability. Use the space on PAGE 2 to provide an explanation of waiver request.

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.

Name of Representative Officer		Title	Phone
Signature		Date	

Where to Send

Mail the completed FTB 3816 form to EFT UNIT MS F-284, FRANCHISE TAX BOARD, PO BOX 1468, SACRAMENTO CA 95812-1468, or fax to 916.855.5556.

Franchise Tax Board Privacy Notice

To learn about your privacy rights, how we may use your information, and consequences if you do not provide information we request, go to ftb.ca.gov/Forms and search for **1131**. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

To connect with us, go to ftb.ca.gov, or call 916.845.4025 (outside U.S.), 800.822.6268 (TTY/TDD).

