

## **Online Account View Access Authorization**

## Do not mail this form to the Franchise Tax Board (FTB). Please keep it for your records.

Use this form to give your authorized representative permission to view all of your tax year information on FTB's website associated with your social security number/business entity ID number.

Individual taxpayers complete Part 1. Business entity taxpayers complete Part 2.

Taxpayer SSN	Taxpayer Name (first name, middle initial, last name)				
Spouse/RDP SSN	Spouse/Registered Domes	Spouse/Registered Domestic Partner (RDP) Name (first name, middle initial, last name)			
Part 2: Business Entity Ta		Name			
Business Entity ID Number	iness Entity ID Number Legal Business Name				
Part 3: Authorized Repres	-	· •			
Authorized Representative Name (fi	rst name, middle initial, last name)	or firm name (e.g.,	name used when	preparing client's returns).	
Street Address					
Oli Cott / Iddi Coo					
City		State	Zip Code	PTIN if applicable	
			_		
Part 4: Signature (Spouse	e/RDP signature required i	if you entered	spouse/RDF	SSN in Part 1)	
•		•	•	ute the Online Account View	
				nderstand and authorize the	
				rmation available on FTB's	
website that is associated remains in effect until I revo		ntity ID listed i	n Part 1 or P	art 2 above. This authorization	
	oke ii in whiina.				
	· ·			Data	
Taxpayer Signature				Date	
Taxpayer Signature				Date	
Taxpayer Signature Spouse/RDP Signature	•				

## **Retention Information**

Individual and Business Entity Taxpayer must keep the original of this form and give a copy to their authorized representative. Both parties must keep the form until it is revoked. **Do not mail this form to FTB.** 

For privacy information, go to **ftb.ca.gov** and search for **privacy notice**. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.