Franchise Tax Board

Tax Information Authorization

3534

Use this form to authorize the Franchise Tax Board (FTB) to release limited information for all tax years to the authorized representative listed in Part II below. Information that FTB may release includes information such as, estimate payments, notices, account history, or compliance status. FTB may release information over the phone, in writing, and, to a limited extent, online at **MyFTB**. To authorize an individual to act on your behalf before FTB, use form FTB 3520 – PIT, Individual or Fiduciary Power of Attorney Declaration. To authorize an individual to act on your behalf before FTB for your business or group return, use form FTB 3520 – BE, Business Entity or Group Nonresident Power of Attorney Declaration. This form does not cover non-tax debt. For more information and instructions, go to **ftb.ca.gov/TIA**.

Part I – Taxpayer Information						
Check only one box below and provide the corresponding information. If you this Tax Information Authorization (TIA) as invalid. For more information see it	do not check a box or you select more than instructions.	one box below, we may reject				
(If a joint tax return is filed, each spouse/Registered Domestic Partner (FEIN required)	(A subsidiary not included with the unitary taxpayer's group return must file its own TIA)	540NR Group Vonresident Return If the TIA is related to matters for the 40NR Group Nonresident return)				
, , , , , , , , , , , , , , , , , , , ,						
California Secretary of State (SOS) California corporation number file number (or FTB issued number) FEIN (requir	ed for Fiduciary) SSN or ITIN	Phone				
Street address (number and street) or PO box		Apt. no./Suite no.				
City		State ZIP code				
Foreign country name Foreign province/state/county Foreign postal code						
Part II - Representative						
Only an individual may be named as a representative. To authorize more than	one representative, see instructions.					
Representative's name (first name, middle initial, and last name)	· · · · · · · · · · · · · · · · · · ·					
	· ·					
Cal CPA CA state par number CTEC	Enrolled agent number	PTIN				
Street address (number and street) or PO Box	Apt. no./Suite no.	Phone				
City	State ZIP code	Fax				

8581183 FTB 3534 2018 **Side 1**

Part III - Request MyFTB Full Online Account Access for Tax Professional(s)

You must check either the "Yes" or "No" box below. If you check the "Yes" box, you are requesting to authorize or retain full online account access for your tax professional, including the ability to view account information. If you requested full online account access for your tax professional on your TIA form, a separate notice will be mailed to you with an authorization code and instructions to approve or deny the online account access request. An authorization code will not be sent for the tax professional if they currently have full online account access.

If you check the "No" box, both the "Yes" and "No" boxes, or do not check any box, we will process the authorization as a "No", and your tax professional will be granted limited online account access; any existing relationships with full online account access will be changed to limited online account access. Limited online account access includes viewing notices and most correspondence issued by FTB in the last 12 months.

This online account access authoriza	tion does not affect your tax profession	nal's ability to obtain info	ormation by phone, ch	at, or in person.	
If your TIA is rejected, this request for relationships.	or online access will not be processed a	and no updates will be m	nade to online access I	evels for any existing	
Note: Online access is not available	for Fiduciary or 540NR Group Nonreside	ent Return accounts.	X	>	
Authorize MyFTB Full Online Accou	nt Access for Tax Professional(s)			Yes	No
Part IV- Signature Author	izing Release of Tax Information	on			
	ow we may use your information, and th 1. To request this notice by mail, call 80		t providing the reques	ted information, go to	
or trustee for the taxpayer listed in F 13 months from the date this author	general partner, guardian, authorized ma art I, and I certify that I have the author ization is signed. I understand that subr ed and dated by an authorized individu	ity to sign this form FTE mitting this form will no	3 3534 . I understand t	hat this authority will exp	ire
	t FTB will grant limited online account a I. If you do not want your tax profession				
Print name		Title (requi	red for fiduciaries and bu	siness entities)	
Signature				Date	
X		. \ \			