

TAXABLE YEAR

**2018**

**California Payment for Automatic Extension and Estimate Payment Authorization for Fiduciaries**

FORM

**8453-FID (PMT)**

Name of estate or trust _____	FEIN _____
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Name and title of fiduciary \_\_\_\_\_

**Part I Extension Payment Information for Taxable Year 2018**

1 Electronic Funds Withdrawal (EFW) Amount \_\_\_\_\_

2 Withdrawal Date (mm/dd/yyyy) \_\_\_\_\_

**Part II Scheduled Estimated Tax Payments for Taxable Year 2019** These are **NOT** installments of the current amount you owe.

	First Payment	Second Payment	Third Payment	Fourth Payment
3 Amount				
4 Withdrawal Date				

**Part III Banking Information for Electronic Funds Withdrawals from Parts I and II**

5 Routing number \_\_\_\_\_

6 Account number \_\_\_\_\_

7 Type of account:  Checking  Savings

**Payment Authorization**

I authorize an EFW on the date indicated on line 2 for the amount stated on line 1, plus EFWs for the estimated payments to be made on the dates indicated on line 4, for each amount stated on line 3, corresponding to the estimated payment date. The above EFWs are to be made from the bank account indicated on lines 5, 6, and 7. This authorization will remain in effect unless I contact the FTB to cancel the request. I request that the payment(s) above be deducted from the bank account on the date specified above. If this date falls on a Saturday, Sunday, or holiday, the transfer is authorized for the next business day. If the FTB cannot deduct the payment from the account because of insufficient funds or because the bank account is closed, the FTB may charge a dishonored payment penalty. I will be responsible for any overdraft fees charged by the bank. Under penalties of perjury under the laws of the State of California, I declare that I have completed this payment authorization to the best of my knowledge and belief; it is true, correct, and complete.

<b>Sign Here</b>	Signature of fiduciary or officer representing the fiduciary ▶ _____	Date _____
	Title ▶ _____	

**Paid Preparer**

Under penalties of perjury, I declare that I have examined the above fiduciary's payment information, and to the best of my knowledge and belief, it is true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Sign Here</b>	Paid preparer's signature ▶ _____	PTIN _____
	Firm's name ▶ _____	Date _____

**KEEP THIS FORM FOR YOUR RECORDS – DO NOT MAIL TO THE FRANCHISE TAX BOARD (FTB)**

# 2018 Instructions for Form FTB 8453-FID (PMT)

## California Payment for Automatic Extension and Estimate Payment Authorization for Fiduciaries

### Purpose

Form FTB 8453-FID (PMT), California Payment for Automatic Extension and Estimate Payment Authorization for Fiduciaries, is the signature document for fiduciary e-file extension and estimate payments the fiduciary or officer representing the fiduciary has authorized. By signing this form the fiduciary and paid preparer declare the electronic funds withdrawal, (EFW) payment request information is true, correct, and complete. Additionally, the signatures authorize the electronic transmission of the EFW payment request to the Franchise Tax Board (FTB) and the execution of any designated electronic account settlement. Form FTB 8453-FID (PMT) does not serve as proof of filing an EFW; the acknowledgement containing the date of acceptance for the accepted EFW request is that proof.

### Paid Preparer Responsibilities

As an authorized e-file provider, you must:

- Review the fiduciary's EFW payment request information and banking information on the form FTB 8453-FID (PMT).
- Obtain the fiduciary or officer representing the fiduciary's signature after you prepare the EFW payment request but before you transmit it.
- Sign form FTB 8453-FID (PMT).
- Provide fiduciary or officer representing the fiduciary with a signed original or copy of form FTB 8453-FID (PMT).
- Retain the original or faxed form FTB 8453-FID (PMT) for four years from the date the EFW payment request is accepted.

### Fiduciary Responsibilities

**Before** the fiduciary's paid preparer can e-file your EFW payment request, you must:

- Verify all information on form FTB 8453-FID (PMT), including employer identification number and banking information. Confirm your routing and account numbers.
- Sign form FTB 8453-FID (PMT) after the EFW payment request is prepared but before it is transmitted.
- Submit the signed form FTB 8453-FID (PMT) to the fiduciary's paid preparer (fax is acceptable).

**After** the fiduciary's EFW payment request is e-filed, the fiduciary must retain the form FTB 8453-FID (PMT) (signed original or copy of the form) for the California statute of limitations period.

### Date of Acceptance

Enter the date the FTB accepts the EFW payment request in the space at the top of form FTB 8453-FID (PMT).

### Settle your Account Electronically

Using EFW is voluntary and applies only to the EFW payment request you are filing at this time. If you want your payment withdrawn from your account, you must complete the banking information on your EFW payment request before the EFW payment request is transmitted.

Be sure the account information is correct. If the banking information is incorrect, the financial institution could dishonor the payment. Generally, we will not charge a dishonored payment penalty for incorrect payment information. However, we will charge a penalty if your payment is dishonored due to insufficient funds or the account is closed.

Schedule the payments by the due dates to avoid a late payment penalty. For more payment options, go to [ftb.ca.gov/pay](http://ftb.ca.gov/pay).

### Extension Tax Payment for 2018

The fiduciary may opt to schedule the fiduciary's extension tax payment for taxable year 2018. The amount designated on line 1 will be withdrawn from the account listed on lines 5, 6, and 7 on the date you select. Be sure to select the date on or before the due date of the extension tax payment to avoid penalties and interest charges.

**To cancel a scheduled extension tax payment**, the fiduciary or officer representing the fiduciary must call FTB e-Programs Customer Service at 916.845.0353 at least **two working days** before the date of withdrawal.

### Estimated Tax Payments for 2019

The fiduciary may opt to schedule the electronic payment of estimated tax payments for taxable year 2019. The amounts designated on form FTB 8453-FID (PMT) line 3 will be withdrawn from the account listed on lines 5, 6, and 7 on the date selected. Be sure to select the date on or before the due date of the estimated tax payment to avoid penalties and interest charges.

**To cancel a scheduled estimated tax payment**, the fiduciary or officer representing the fiduciary must call FTB e-Programs Customer Service at 916.845.0353 at least **two working days** before the date of withdrawal.

### Payment Authorization

An e-filed EFW payment request is not considered e-filed unless the FTB 8453-FID (PMT) is signed by the fiduciary or officer representing the fiduciary before the payment(s) is transmitted.

### Additional Information

Telephone: 800.852.5711 from within the United States

916.845.6500 from outside the United States

TTY/TDD: 800.822.6268 for persons with hearing or speech disability

711 or 800.735.2929 California relay service

Telefono: 800.852.5711 dentro de los Estados Unidos

916.845.6500 fuera de los Estados Unidos

TTY/TDD: 800.822.6268 para personas con discapacidades auditivas o del habla

711 ó 800.735.2929 servicio de relevo de California