Data Assented		
Date Accepted		

TAXABLE YEAR

FORM

2022

0/52

202	3 C	alitornia e-tile i	Keturn Autno	orizatio	n tor inc	iivia	uais	8453
Your first nam	ne and initial		Last name		S	uffix	Your SSN or ITIN	
If joint return,	, spouse's/R[DP's first name and initial	Last name		S	uffix	Spouse's/RDP's SSN	l or ITIN
Street addres	ss (number a	nd street) or PO box		Apt. no. /ste. no.	PMB/private	mailbox	Daytime telephone n	umber
City					State		ZIP code	
Foreign coun	ntry name		Foreign province/state/	county			Foreign postal code	
Part I Ta	ax Return In	formation (whole dollars only)						
		ross income. See instructions					1	
		t due. See instructions						
3 Amount	you owe. Se	ee instructions			,		3	
		Account Electronically for Taxab						
	ct deposit of							
5 □ Elect	ronic funds	withdrawal 5a Amount	5b \	Withdrawal date	(mm/dd/yyyy)			
Part III N	/lake Estima	ited Tax Payments for Taxable \	ear 2024 These are NOT	installment pay	ments for the c	urrent am	ount you owe.	
		First Payment 4/15/2024	Second Payment 6/17	/2024 Th	ird Payment 9/	6/2024	Fourth Paym	ent 1/15/2025
6 Amount								
7 Withdrav	wal date							
Part IV B	Banking Info	rmation (Have you verified your b	anking information?)					
8 Amount	of refund to	be directly deposited to account b	elow	12 The remain	ing amount of m	y refund fo	or direct deposit	
9 Routing	number			13 Routing nu	mber			
10 Account	number			14 Account nu				
11 Type of a	account: 🗆	Checking \square Savings		15 Type of acc	count: 🗆 Chec	king	□ Savings	
Part V	Declaration	of Taxpayer(s)						
stated on my from the ban an agent to r	return. If I on the return of I of	be settled as designated in Part 1). check Part II, box 5, I authorize an ted on lines 9, 10, and 11. If I have fund or authorize an electronic fur	electronic funds withdrawal e filed a joint return, this is ds withdrawal.	for the amount an irrevocable ap	listed on line 5a pointment of the	and any es other spo	timated payment amouse/registered domes	ounts listed on line 6 stic partner (RDP) as
amounts sho filing a balan all applicable service provi	own on the co ce due returr e interest and ider. If the p i	ry, I declare that the information I security number (SSN) or individual orresponding lines of my 2023 call in the Franchise I penalties I authorize my return a rocessing of my return or refund he refund was sent.	fornia income tax return. To Tax Board (FTB) does not r and accompanying schedule	o the best of my k receive full and til res and statement	inowledge and be mely payment of is be transmitted	elief, my re my tax liat to the FTE	turn is true, correct, a pility, I remain liable fo 3 by my ERO, transm	and complete. If I am or the tax liability and itter, or intermediate
Sign								
Here	Your sid	gnature	Date	Spou	ıse's/RDP's signa	ture. If filin	g jointly, both must sig	gn. Date
				It is ι	ınlawful to forge		RDP's signature.	
		of Electronic Return Originato	` ' '					
service provide obtained the total the FTB, and the due date under penaltic	der, I underst taxpayer's sig I have followe of the return es of perjury,	red the above taxpayer's return and and that I am not respons ble for remature on form FTB 8453 before the dall other requirements described or four years from the date the return I declare that I have examined the applete. I make this declaration based	newing the taxpayer's return. smitting this return to the FT in FTB Pub. 1345, 2023 Hand rn is filed, whichever is later, bove taxpayer's return and ac	. I declare, howev B; I have provide Ibook for Authoriz , and I will make a ccompanying sch	er, that form FTB d the taxpayer wit zed e-file Provider a copy available t edules and staten	8453 accur h a copy of s. I will kee o the FTB u	rately reflects the data all forms and informate p form FTB 8453 on fi pon request. If I am a	on the return.) I have tion that I will file with le for four years fron Iso the paid preparer
Must Sign	ERO's signature			Date	Check if also paid preparer	Check if self- employed	ERO's PTIN	
	Firm's name if self-emploand addres	oyed)			proparer =	· · · ·	n's FEIN	
	Ities of perju	ry, I declare that I have examined						of my knowledge an
	,	ect, and complete. I make this dec	laration based on all inform		have knowledge.			DTIN
Paid	Paid preparer's			Date		Check if self-	Paid preparer's	PIIN
Preparer	signature					employed		
Must	Firm's name					Firr	n's FEIN	
Sign	if self-emple and addres						ZIP code	