SSN. ITIN. or FEIN

## TAXABLE YEAR California Electronic Funds Withdrawal Payment FORM 2022 Signature Authorization for Individuals and Fiduciaries 8879 (PMT

Name of taxpayer, estate, or trust

Spouse's/RDP's name or name and title of fiduciary

Spouse's/RDP's SSN or ITIN

## Part I Extension Payment Information for Taxable Year 2022

1 Electronic Funds Withdrawal (EFW) Amount

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

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Part II Sched	uled Estimated Tax Payment	ts for Taxable Year 2023 The	ese are <b>NOT</b> installments of th	e current amount you owe.
	First Payment	Second Payment	Third Payment	Fourth Payment
3 Amount				
4 Withdrawal Da (mm/dd/yyyy)	ate			
Part III Bank	ing Information for Electroni	c Funds Withdrawals from P	arts I and II	Ch
6 Account num	ber ber unt: Checking Savir			
	er or Fiduciary Declaration and Sig			
on line 4, for each a on lines 5, 6, and 7. above be deducted business day. If the dishonored paymen I declare that I have	mount stated on line 3, correspondi This authorization will remain in eff from the bank account on the date s FTB cannot deduct the payment fro it penalty. I will be responsible for an	e amount stated on line 1, plus EFW ing to the estimated payment date. T fect unless I contact the Franchise Ta specified above. If this date falls on a m the account because of insufficier by overdraft fees charged by the ban on to the best of my knowledge and V payment request.	The above EFWs are to be made from ax Board (FTB) to cancel the reques a Saturday, Sunday, or holiday, the t ht funds or because the bank account k. Under penalties of perjury under	n the bank account indicated t. I request that the payment(s) ransfer is authorized for the next nt is closed, the FTB may charge a the laws of the State of California,
Taxpayer or fiducia	ry's PIN: check one box only			
	re on my 2022 e-filed California EFV	ERO firm name V payment request.	to enter n	Do not enter all zeros
		-filed California EFW payment reques I method. The electronic return origi		
Your signature			Date 🕨	

## Spouse's/RDP's PIN: check one box only

	l authorize	Co	to enter my PIN				
		ERO firm name		Do not enter all zeros			
	as my signature on my 20	022 e-filed California EFW payment request.					
	I will enter my PIN as my signature on my 2022 e-filed California EFW payment request. Check this box <b>only</b> if you are entering your own PIN and your EFW payment request is filed using the Practitioner PIN method. The ERO must complete Part V below.						
Spo	use's/RDP's signature 🕨		Date 🕨				
Practitioner PIN Method Payments Only continue below							

## **Part V** Certification and Authentication — Practitioner PIN Method Only

ERO's Electronic Filer Identification Number (EFIN)/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

Do r	not (	enter	all	zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2022 California EFW payment request for the taxpayer(s) or fiduciary indicated above. I confirm that I am submitting this EFW payment request in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers.

ERO's signature

Date 🕨