SSN, ITIN, or FEIN

California Electronic Funds Withdrawal Payment Signature Authorization for Individuals and Fiduciaries TAXABLE YEAR FORM 8879 (PMT 2023

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 2023

1 Electronic Funds Withdrawal (EFW) Amount

2 Withdrawal Date	(mm/dd/yyyy)			
Part II Schedule	d Estimated Tax Payment	s for Taxable Year 2024 Th	nese are NOT installments of the	e current amount you owe.
	First Payment	Second Payment	Third Payment	Fourth Payment
3 Amount				
4 Withdrawal Date (mm/dd/yyyy)				
Part III Banking	Information for Electroni	c Funds Withdrawals from	Parts I and II	
5 Routing number_				
6 Account number				
7 Type of account:	Checking Savin	gs		
Part IV Taxpayer of	r Fiduciary Declaration and Sig	nature Authorization		
above be deducted from business day. If the FTB dishonored payment per I declare that I have con	n the bank account on the date s cannot deduct the payment from nalty. I will be responsible for ar	pecified above. If this date falls on n the account because of insuffici y overdraft lees charged by the ba on to the best of my knowledge an	Tax Board (FTB) to cancel the request a Saturday, Sunday, or holiday, the tr ent funds or because the bank accour ink. Under penalties of perjury under d belief; it is true, correct, and compl	ransfer is authorized for the next ht is closed, the FTB may charge a the laws of the State of California,
Taxpayer or fiduciary's	PIN: check one box only			
I authorize		ERO firm name	to enter m	ny PIN Do not enter all zeros
as my signature or	n my 202 3, e-filed California EFW			
			est. Check this box only if you are en ginator (ERO) must complete Part V t	
Your signature 🕨			Date 🕨	
Spouse's/RDP's PIN: ch	neck one box only			
🗌 I authorize			to enter m	ıy PIN
as my signature or	n my 202 3 e-filed California EFV	ERO firm name payment request.		Do not enter all zeros
		23 e-filed California EFW payme ractitioner PIN method. The ERO i	ent request. Check this box only if nust complete Part V below.	you are entering your own PIN
Spouse's/RDP's signatu	re 🕨		Date 🕨	
	Pra	ctitioner PIN Method Payments On	ly continue below	
Part V Certification	and Authentication — Practitie	oner PIN Method Only		
	dentification Number (EFIN)/PI I followed by your five-digit self	I	Do not enter all zero	
I certify that the above n I confirm that I am subn for Authorized e-file Pro	nitting this EFW payment reques	my signature for the 2023 Califorr t in accordance with the requirem	nia EFW payment request for the taxpa ents of the Practitioner PIN method a	ayer(s) or fiduciary indicated above

Date 🕨