

TAXABLE YEAR

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

FORM

2024

8453 (PMT)

Your name _____	Your SSN or ITIN _____
Spouse's/RDP's name _____	Spouse's/RDP's SSN or ITIN _____

Part I Extension Payment Information for Taxable Year 2024 (Pay by 4/15/2025)

- 1 Electronic Funds Withdrawal (EFW) Amount _____
- 2 Withdrawal Date (mm/dd/yyyy) _____

Part II Scheduled Estimated Tax Payments for Taxable Year 2025 These are **NOT** installments of the current amount you owe.

	First Payment 4/15/2025	Second Payment 6/16/2025	Third Payment 9/15/2025	Fourth Payment 1/15/2026
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 Franchise Tax Board (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.

Sign Here	Your signature ► _____	Date _____
	Spouse's/RDP's signature ► _____	Date _____

Declaration of Electronic Return Originator (ERO) and Paid Preparer.

Under penalties of perjury, I declare that I have reviewed the entries on form FTB 8453 (PMT) and they are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I declare that form FTB 8453 (PMT) accurately reflects the data on the EFW request.) I have obtained the taxpayer's signature on form FTB 8453 (PMT) before transmitting the EFW to the FTB. I have provided the taxpayer with a copy of all forms and information that I will file with the FTB and I have followed all other requirements described in FTB Pub. 1345, 2024 Handbook for Authorized e-file Providers. I will keep form FTB 8453 (PMT) for the statute of limitations period, and I will make a copy available to FTB upon request.

Sign Here	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
	Paid preparer's signature	Date		Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
	Firm's name (or yours if self-employed) ► _____ and address _____	Firm's FEIN _____		ZIP code _____	

KEEP THIS FORM FOR YOUR RECORDS – DO NOT MAIL TO THE FTB

2024 Instructions for Form FTB 8453 (PMT)

California Payment for Automatic Extension and Estimate Payment Authorization for Individuals

General Information

A Purpose

Form FTB 8453 (PMT), California Payment for Automatic Extension and Estimate Payment Authorization for Individuals, is the signature document for individual e-file extension and estimate payments you have authorized. By signing this form, the taxpayer, electronic return originator (ERO), 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. The form does not serve as proof of filing an EFW – the acknowledgement containing the date of acceptance for the accepted EFW request is that proof.

B ERO and Paid Preparer Responsibilities

As an authorized e-file provider, you must:

- Review the taxpayer's EFW payment request information and banking information on the form FTB 8453 (PMT). Obtain each taxpayer's signature after you prepare the EFW payment request but before you transmit it.
- Sign form FTB 8453 (PMT).
- Provide taxpayer(s) with signed original or copy of form FTB 8453 (PMT).
- Retain the original or copy of form FTB 8453 (PMT) for the California statute of limitations period. **Exception:** VITA/TCE/Not for Profit Sites - give the signed form FTB 8453 (PMT) to the taxpayer.

C Taxpayer Responsibilities

Before your ERO or paid preparer can e-file your EFW payment request, you must:

- Verify all information on form FTB 8453 (PMT), including social security number(s) (SSN), individual taxpayer identification number(s) (ITIN), and banking information. Confirm your routing and account numbers.
- Sign form FTB 8453 (PMT) after the EFW payment request is prepared but before it is transmitted.
- Submit the signed form FTB 8453 (PMT) to your ERO or paid preparer.

After your EFW payment request is e-filed, you should retain the form FTB 8453 (PMT) (signed original or copy of the form) for the California statute of limitations period.

Specific Instructions

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

Date of Acceptance

Enter the date the FTB accepts the EFW payment request in the space at the top of form FTB 8453 (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 may 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.

If you cancel the payment, you are still liable for any amount you owe. Make your payments by the due dates to avoid a late payment penalty. For more payment options, go to ftb.ca.gov/pay.

Part I – Extension Payment Information for Taxable Year 2024

You may opt to schedule your extension tax payment for taxable year 2024. The amount you designate 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, you must call FTB e-Programs Customer Service at 916.845.0353 at least **two working days** before the date of withdrawal.

Part II – Scheduled Estimated Tax Payments for Taxable Year 2025

You may opt to schedule the electronic payment of estimated tax payments for taxable year 2025. The amounts you designate on line 3 will be withdrawn from the account listed on lines 5, 6, and 7 on the date you select. Be sure to select a 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, you 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 form FTB 8453 (PMT) is signed by you **before** the payment(s) is transmitted.

Deceased taxpayer(s) – The legal representative (e.g., beneficiary, administrator, or executor) of the deceased taxpayer's estate must sign form FTB 8453 (PMT) **before** the payment(s) is transmitted.

General Phone Service

Telephone assistance is available year-round from 8 a.m. until 5 p.m. Monday through Friday, except holidays. Hours subject to change.

Telephone: 800.852.5711 from within the United States
916.845.6500 from outside the United States

California

Relay

Service: 711 or 800.735.2929 for persons with hearing or speaking limitations

Asistencia En Español

Asistencia telefónica está disponible durante todo el año desde las 8 a.m. hasta las 5 p.m. de lunes a viernes, excepto días feriados. Las horas están sujetas a cambios.

Teléfono: 800.852.5711 dentro de los Estados Unidos
916.845.6500 fuera de los Estados Unidos

Servicio de

Retransmisión

de California: 711 o 800.735.2929 para personas con limitaciones auditivas o del habla

Franchise Tax Board Privacy Notice on Collection

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection - Aviso de Privacidad del Franchise Tax Board sobre la Recaudación. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.