California Electronic Funds Withdrawal Payment ______ FORM Signature Authorization for Individuals and Fiduciaries 8879 (PMT) TAXABLE YEAR 2024

Name of taxpayer, estate, or trust				SSN, ITIN, or FEIN		
Spouse's/RDP's name or name and title of fiduciary				Spouse's/RDP's SSN or ITIN		
Part I Extension Payment Information	on for Taxable Year 2024					
1 Electronic Funds Withdrawal (EFW) A	mount					
2 Withdrawal Date (mm/dd/yyyy)						
Part II Scheduled Estimated Tax Pa	yments for Taxable Year 2025	These are NOT ins	tallments of th	e currer	nt amount y	ou owe.
First Payment	Second Payment	Third F	ayment		Fourth Payr	nent
	,		<u> </u>			
3 Amount				-		
4 Withdrawal Date (mm/dd/yyyy)						
Part III Banking Information for Ele	ctronic Funds Withdrawals fro	m Parts I and II				
5 Routing number						
6 Account number						
7 Type of account: Checking	Savings					
Part IV Taxpayer or Fiduciary Declaration						
business day. If the FTB cannot deduct the paym dishonored payment penalty. I will be responsib I declare that I have completed this payment aut identification number (PIN) as my signature for	le for any overdraft fees charged by th horization to the best of my knowledg my EFW payment request.	e bank. Under penalties	of perjury under	the laws	of the State of	of California,
Taxpayer or fiduciary's PIN: check one box only						
LauthorizeERO firm name			to enter r	my PIN	Do not ent	er all zeros
as my signature on my 2024 e-filed Califor	nia EFW payment request.					
I will enter my PIN as my signature on my payment request is filed using the Practitic					our own PIN a	nd your EFW
Your signature		Date >				
Spouse's/RDP's PIN: check one box only						
I authorizet ERO firm name			to enter r	my PIN		
ERO firm name as my signature on my 2024 e-filed California EFW payment request.				Do not enter all zer		er all zeros
I will enter my PIN as my signature on my payment request is filed using the Practitic			only if you are er	ntering yo	ur own PIN a	nd your EFW
Spouse's/RDP's signature	·		Date 🕨			
	Practitioner PIN Method Payments					
Part V Certification and Authentication —		, , , , , , , , , , , , , , , , , , , ,				
ERO's Electronic Filer Identification Number (E	•					
Enter your six-digit EFIN followed by your five-d	igit seit-seiectea Pin.	Do	not enter all zer	08		l
I certify that the above numeric entry is my PIN, I confirm that I am submitting this EFW paymen for Authorized e-file Providers.						
ERO's signature		Date				

2024 Instructions for Form FTB 8879 (PMT)

DO NOT MAIL THIS FORM TO THE FTB

California Electronic Funds Withdrawal Payment Signature Authorization for Individuals and Fiduciaries

General Information

Purpose

Form FTB 8879 (PMT), California Electronic Funds Withdrawal Payment Signature Authorization for Individuals and Fiduciaries, must be completed when an individual or fiduciary electronic funds withdrawal (EFW) payment is being signed using the Practitioner PIN method. By signing this form, the taxpayer, fiduciary or officer representing the fiduciary authorizes the electronic return originator (ERO) to enter the taxpayer or fiduciary's personal identification number (PIN) on his or her 2024 e-filed California EFW payment request. This is a one-time authorization applicable only to this specific EFW payment request.

Form FTB 8879 (PMT) does not serve as proof of filing an EFW payment request. The acknowledgement containing the date of acceptance for the accepted EFW payment request is that proof.

Do not use form FTB 8879 (PMT) if the taxpayer(s) or fiduciary will sign form FTB 8453 (PMT), California Payment for Automatic Extension and Estimate Payment Authorization for Individuals; form FTB 8453-FID (PMT), California Payment for Automatic Extension and Estimate Payment Authorization for Fiduciaries, or will enter their own PIN and shared secret (prior year California Adjusted Gross Income (AGI)).

Practitioner PIN Method

The Practitioner PIN method is an electronic signature option for taxpayers and fiduciaries e-filing their EFW payment request through an ERO. To select this method, both the taxpayer(s) or fiduciary and ERO must sign form FTB 8879 (PMT). When using this method, the taxpayer or fiduciary generally does not need to supply a shared secret with their PIN. The Practitioner PIN method can be used when the taxpayer or fiduciary's shared secret is not known or the taxpayer, fiduciary or officer representing the fiduciary cannot physically enter their PIN on their ERO's

For taxpavers who are married or registered domestic partners (RDPs) filing jointly, it is acceptable for one spouse/RDP to authorize the ERO to enter his or her PIN and the other to choose to enter his or her own PIN. In this scenario, the spouse/RDP entering his or her own PIN must also provide the correct shared secret. It is not acceptable for one spouse/RDP to enter both PINs.

Taxpayer and Fiduciary Responsibilities

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

- Verify all information on form FTB 8879 (PMT). including social security number (SSN), individual taxpayer identification number (ITIN), federal employer identification number (FEIN), and banking information including routing and account numbers.
- Sign form FTB 8879 (PMT) after the EFW payment request is prepared but before it is transmitted.
- Submit the signed form FTB 8879 (PMT) to your ERO.

After your EFW payment request is e-filed, you must retain the form FTB 8879 (PMT) (signed original or copy of the form) for the California statute of limitations period.

Your EFW payment request will not be transmitted to the Franchise Tax Board (FTB) until the ERO receives your signed form FTB 8879 (PMT).

D ERO Responsibilities

Before you can e-file your client's EFW payment request, you must:

- Confirm the identity of the taxpayer(s) or fiduciary per FTB Pub. 1345, 2024 Handbook for Authorized e-file Providers, Section 5.
- Complete Parts I, II and III with the EFW payment request information.
- Enter the ERO firm name (not the name of the individual preparing the EFW payment request) in Part IV.
- Review the EFW payment request information on the form FTB 8879 (PMT). Obtain each taxpayer or fiduciary's signature after you prepare the EFW payment request but before you transmit it.
- Sign form FTB 8879 (PMT).
- Record the eleven-digit PIN that will be used as your signature.
- Provide taxpayer(s) or fiduciary with signed original or copy of form FTB 8879 (PMT).
- Retain the original or copy of form FTB 8879 (PMT) for the California statute of limitations period. **Exception:** VITA/TCE/Not for Profit Sites – give the signed form FTB 8879 (PMT) to the taxpayer.

Banking Information

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. Schedule the payments by the due dates to avoid a late payment penalty. For more payment options, go to ftb.ca.gov/pay.

To cancel an EFW payment request you must call FTB e-Programs Customer Service at 916.845.0353 at least two working days before the date of the withdrawal.

Do not mail form FTB 8879 (PMT) to the FTB.

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.