Date Accepted _____ **DO NOT MAIL THIS FORM TO THE FTB**

TAXABLE YEAR **2018** FORM **8453 (PMT)**

California Payment for Automatic Extension and Estimate Payment Authorization for Individuals

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 2018 (Payment due 4/15/2019)

1 Electronic Funds Withdrawal (EFW) Amount _____

2 Withdrawal Date (mm/dd/yyyy) _____

Part II Scheduled Estimated Tax Payments for Taxable Year 2019. These are **NOT** installments of the current amount you owe.

	First Payment Due 4/15/2019	Second Payment Due 6/17/2019	Third Payment Due 9/16/2019	Fourth Payment Due 1/15/2020
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 indicated on lines 5, 6, and 7. This authorization will remain in effect unless I contact the 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		Date
	Your signature ▶ _____	
	Spouse's/RDP signature ▶	Date

Paid Preparer

Under penalties of perjury, I declare that I have examined the above taxpayer's payment information, and to the best of my knowledge and belief, it is true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Sign Here		PTIN
	Paid preparer's signature ▶ _____	
	Firm's name ▶	Date

Advanced Draft as of 07/03/19

KEEP THIS FORM FOR YOUR RECORDS – DO NOT MAIL TO THE FRANCHISE TAX BOARD (FTB)