

TAXABLE YEAR

FORM

# 2018 California e-file Return Authorization for Fiduciaries

## 8453-FID

Name of estate or trust \_\_\_\_\_

FEIN \_\_\_\_\_

Name and title of fiduciary \_\_\_\_\_

### Part I Tax Return Information (whole dollars only)

1 Total income (Form 541, line 9)	1
2 Taxable income (Form 541, line 20a)	2
3 Total tax (Form 541, line 28)	3
4 Tax due (Form 541, line 37)	4
5 Overpaid tax (Form 541 line 38)	5

### Part II Settle Your Account Electronically for Taxable Year 2018

6  Electronic funds withdrawal      6a Amount \_\_\_\_\_      6b Withdrawal date (mm/dd/yyyy) \_\_\_\_\_

### Part III Schedule of Estimated Tax Payments for Taxable Year 2019 (These are NOT installment payments for the current amount the fiduciary owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
7 Amount				
8 Withdrawal Date				

### Part IV Banking Information (Have you verified the fiduciary's banking information?)

9 Routing number \_\_\_\_\_

10 Account number \_\_\_\_\_

11 Type of account:  Checking  Savings

### Part V Declaration of Fiduciary or Officer

I authorize the fiduciary account to be settled as designated in Part II. If I check Part II, Box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and any estimated payment amounts listed on line 7 from the account specified in Part IV.

Under penalties of perjury, I declare that I am a fiduciary or officer representing the fiduciary of the above estate or trust and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the fiduciary's 2018 California income tax return. To the best of my knowledge and belief, the fiduciary's return is true, correct, and complete. If the fiduciary is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the fiduciary's tax liability, the fiduciary will remain liable for the tax liability and all applicable interest and penalties. I authorize the return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the return is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider, the reason(s) for the delay.**

Sign Here

Signature of fiduciary or officer representing fiduciary	Date	Title

### Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above estate or trust return and that the entries on form FTB 8453-FID are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the return. I declare, however, that form FTB 8453-FID accurately reflects the data on the return.) I have obtained the fiduciary or officer representing the fiduciary's signature on form FTB 8453-FID before transmitting this return to the FTB; I have provided the fiduciary or officer representing the fiduciary 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, 2018 Handbook for Authorized e-file Providers. I will keep form FTB 8453-FID on file for **four** years from the due date of the return or **four** years from the date the fiduciary return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above fiduciary's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

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

Under penalties of perjury, I declare that I have examined the above fiduciary's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer Must Sign</b>	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	FEIN _____		ZIP code _____