

TAXABLE YEAR

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

FORM

2023

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 2023 (Pay by 4/15/2024)

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

Part II Scheduled Estimated Tax Payments for Taxable Year 2024 These are **NOT** installments of the current amount you owe.

	First Payment 4/15/2024	Second Payment 6/17/2024	Third Payment 9/16/2024	Fourth Payment 1/15/2025
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, 2023 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