## TAXABLE YEAR California Online e-file Return Authorization for Individuals

FORM **8453-OL** 

2024	for l	ndividuals						8453- <b>O</b> L
Your first name	and initial			Last name			Suffix	Your SSN or ITIN
If filing jointly, spouse's/RDP's first name and initial Last name					e Suffix			Spouse's/RDP's SSN or ITIN
Street address (number and street) or PO box					Apt. no./ste. no. PMB/privat		private mailbox	Daytime telephone number
City							State	ZIP code
Foreign country name					Foreign province/state/county			Foreign postal code
Part I Ta	ax Return Info	rmation (whole do	llars only	<i>'</i> \				
		,		,				1
								2
								3
		count Electronical						
<b>4</b> □ Direc	t deposit of re	fund						
	-		ount		5b V	/ithdrawal	date (mm/dd/	уууу)
Part III N	Vlake Estimate	ed Tax Payments f	or Taxabl	e Year 2025	These are N	OT installm	ent payments	for the current amount you ow
		First Payme 4/15/2025	ent 5		Payment 5/2025		d Payment 15/2025	Fourth Payment 1/15/2026
6 Amount								
7 Withdrav	wal date							
Part IV	Banking Infor	mation (Have you	verified y	our banking	; information?	)		
8 Amount	t of refund to be directly deposited 12 The remaining amount of my refund							
to account below  9 Routing number								
	account: 🗆 Ch				<del></del> '			☐ Savings
Part V	Declaration of	Taxpaver(s)						<u> </u>
I authorize r Part IV agre- listed on lin- joint return,	ny account to es with the aut e 5a and any e this is an irrev	be settled as design horization stated of stimated payment	n my retu amounts	rn. If I check listed on lin	k Part II, box 5, ne 6 from the b	I authorize ank accou	e an electronic nt listed on lir	rect deposit refund information funds withdrawal for the amou nes 9, 10, and 11. If I have filed an agent to receive the refund
software, in amounts sh tax return. T that if the FT penalties. I software. If	icluding my na own in Part I a o the best of m TB does not re authorize my i <b>the processin</b>	ame, address, and bove, agrees with ny knowledge and l ceive full and time return and accomp	social se the inform pelief, my ly paymer panying se <b>efund is c</b>	ecurity numination and and and return is trunt of my tax chedules and lelayed, I	ber (SSN) or mounts showr e, correct, and liability, I rema d statements t uthorize the F	individual individual in the concept of the complete. The complete in the comp	taxpayer ident responding li If I am filing a or the tax liabil mitted to the	, either directly or through e-fi tification number (ITIN), and the nes of my 2024 California incon balance due return, I understar lity and all applicable interest ar FTB directly or through the e-fi ther directly or through the e-fi
Sign Here	Your signat	ure					Date	
	•	DP's signature. If		-	t sign.		Date	