TAXABLE Y	'EAR_									FORM
2024	4 (California e-file	Return Auth	oriza	tion	for Inc	ivit	dua	ls	8453
Your first nam	ne and initial		Last name			S	uffix	You	r SSN or ITIN	
If joint return,	spouse's/R	DP's first name and initial	Last name			S	uffix	Spo	ouse's/RDP's SSI	N or ITIN
Street addres	ss (number a	and street) or PO box		Apt. no. /s	ste. no.	PMB/private	mailbox	c Day	rtime telephone r	number
City						State		ZIP	code	
Foreign count	try name		Foreign province/state	e/county				For	eign postal code	
				_						
		nformation (whole dollars only)								
		ross income. See instructions								
		nt due. See instructions								
		ee instructions							.	
4 □ Direc		Account Electronically for Taxat	Die Year 2024 (Pay by 4/1	5/2025)						
	•	withdrawal 5a Amount	5h	Withdraw	ıal date (ı	mm/dd/\\\\\				
Part III IV	iake Estim	ated Tax Payments for Taxable First Payment 4/15/2025	Second Payment 6/1			d Payment 9/ ⁻			•	ent 1/15/2026
6 Amount		1113t 1 ayınıcınt 4/15/2025	Second rayment o/ n	0/2023	111111	u i ayınıcını 3/	0/2020	, +	T Out till T ayılı	16111 1/13/2020
7 Withdray	wal data									
		ı ormation (Have you verified your l	 hanking information2)							
		be directly deposited to account b	- ,	12 The	remainin	g amount of m	v refund	d for di	rect deposit	
		☐ Checking ☐ Savings				unt: 🗆 Chec			Savings	
Part V D	Declaration	of Taxpayer(s)								
stated on my from the bank	return. If I k account li	o be settled as designated in Part II. check Part II, box 5, I authorize an sted on lines 9, 10, and 11. If I hav efund or authorize an electronic fui	electronic funds withdrawa e filed a joint return, this is	al for the a	mount lis	ted on line 5a	and anv	estima	ted payment am	ounts listed on line
Under penalt name, addres amounts sho filing a baland all applicable service provi	ties of perjuss, and social win on the coce due reture interest and der. If the p	ry, I declare that the information al security number (SSN) or indivic orresponding lines of my 2024 Cal n, I understand that if the Franchis d penalties. I authorize my return rocessing of my return or refund the refund was sent.	I provided to my electroni dual taxpayer identification lifornia income tax return. T e Tax Board (FTB) does not and accompanying schedu	o the best receive ful les and sta	of my kno I and time tements	owledge and be ely payment of be transmitted	elief, my my tax to the	/ return liability, FTB bv	is true, correct, and I remain liable for my ERO, transm	and complete. If I ar or the tax liability an nitter, or intermediat
Sign										
Here	Your s	ignature	Date		Spouse	e's/RDP's signa	ture If f	filina ioi	ntly, both must sig	gn. Date
					It is un	lawful to forge				g Dato
		n of Electronic Return Originato								
service provide obtained the to the FTB, and I the due date of under penaltic	der, I unders axpayer's sig I have follow of the return es of periury	wed the above taxpayer's return and tand that I am not responsible for re gnature on form FTB 8453 before tra ed all other requirements described or four years from the date the retu, I declare that I have examined the applete. I make this declaration based	wiewing the taxpayer's return Insmitting this return to the F In FTB Pub. 1345, 2024 Han Irn is filed, whichever is late Above taxpayer's return and a	n. I declare, TB; I have p dbook for A r, and I will accompany	however provided t Authorized make a d ing sched	, that form FTB the taxpayer wit d e-file Provider copy available t	8453 ac h a copy s. I will o the FT	curately of all for keep fo B upon	/ reflects the data orms and informa rm FTB 8453 on f request. If I am a	on the return.) I hav tion that I will file wit ile for four years fror also the paid prepare
ERO Must Sign	ERO's signature	>		Date		Check if also paid preparer	Check if self- emplo		ERO's PTIN	
	Firm's nam	ne (or yours loyed)			•			Firm's F	EIN	
	and address enalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and								ZIP code	for Lordon
		ry, I declare that I have examined t ect, and complete. I make this dec					u staten	nents, a	and to the best o	or itty knowledge an
Paid	Paid			Date		3 ·	Check		Paid preparer's	PTIN
Preparer	preparer's signature						if self- emplo	yed 🗆		
Must		ne (or yours		!				Firm's F	EIN	
Sign	if self-empl and addres								ZIP code	

Sign