SSN. ITIN. or FEIN

TAXABLE YEARCalifornia Electronic Funds Withdrawal PaymentFORM2024Signature Authorization for Individuals and Fiduciaries8879 (PMT

Name of taxpayer, estate, or trust

Spouse's/RDP's name or name and title of fiduciary

Spouse's/RDP's SSN or ITIN

Part I Extension Payment Information for Taxable Year 2024

1 Electronic Funds Withdrawal (EFW) Amount ____

2 Withdrawal Date (mm/dd/yyyy) _

Part II	art II Scheduled Estimated Tax Payments for Taxable Year 2025				These are NOT installments of the current amount you owe.			
		First Payment	Second Payment		Third Payment	Fourth Payment		
3 Amou	nt							
					1			

4 Withdrawal Date (mm/dd/yyyy)

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

Part IV Taxpayer or Fiduciary Declaration and Signature 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. I have selected a personal identification number (PIN) as my signature for my EFW payment request.

Taxpayer or fiduciary's PIN: check one box only

I authorize		to enter my PIN
	FBO firm name	-

my signature	on my 2024	e-filed Califori	nia EFW payme	nt request.
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I will enter my PIN as my signature on my 2024 e-filed California EFW payment request. Check this box only if you are entering your own PIN and your EFW payment request is filed using the Practitioner PIN method. The electronic return originator (ERO) must complete Part V below.

Your signature 🕨 🔄

as

Spouse's/RDP's	PIN:	check	one	box	only	

I authorize		to enter my PIN
	ERO firm name	
	ature on my 0004 a filed California FEW novement request	

as my signature on my 2024 e-filed California EFW payment request.

I will enter my PIN as my signature on my 2024 e-filed California EFW payment request. Check this box **only** if you are entering your own PIN and your EFW payment request is filed using the Practitioner PIN method. The ERO must complete Part V below.

Spouse's/RDP's	signature
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	Date	
Practitioner PIN Method Payments Only continue below	V	

Date 🕨 _

Part V	Certification and Authentication — Practitioner PIN Method
ERO's Ele	ctronic Filer Identification Number (EFIN)/PIN.

LIIO 0 1			onunouu	on num	201 (2111	<i>,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Enter y	our six-	digit EFIN	followed	by your	five-digit	self-selected	PIN.

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2024 California EFW payment request for the taxpayer(s) or fiduciary indicated above. I confirm that I am submitting this EFW payment request in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2024 Handbook for Authorized e-file Providers.

Only

ERO's signature

Date 🕨 _

Do not enter all zeros

Do not enter all zeros