City State ZIP code Portigin country name Foreign province/state/country Portigin postal code Part I Tax Return Information (whole dollars only) I California adjusted gross income. (Form 540, line 17, Form 540 2EZ, line 16, Long Form 540NR, line 32; or Short Form 540NR, line 12) 2 3 Anount you owe. (Form 540, line 117, Form 540 2EZ, line 31, Long Form 540NR, line 12) 3 Part I Tax Return Information (whole dollars only) 1 4 1 Direct doposit of rund 3 5 Withdrawal data (mwidelygy) Part II Make Estimated Tax Payments for Taxable Year 2016 These are NOT installment payments for the current amount you ove. 1 6 Amount First Payment Due 4/182016 Second Payment Due 6/152016 Third Payment Due 9/152016 Fourth Payment Due 1/172017 8 Amount of relund to be directly deposited to account below 12 1 Routing number. 1 10 Account number 14 Routing number. 13 Routing number. 14 11 Type of account: Othecking on 11, II there Part II, Bock A, Lockare that the direct deposit frame diagent to nove the rundo autorite an electronic lundo state of current data service provider, including may account to be setting a designable in provided to ny electronic rundo setting rundo nice nove the rundo autorite an electronic lundo setting rundo nice nove the rundo autorite an electronic lundo settin	TAXABLE	YEAR										FORM	
Word filest name and initial Last name Suffix Your SRN or TTN If juiter team, spouse%REDPs first name and initial Last name Suffix Spouse%REDPs SIGN or TTN Street address (number and street) or PD bax Apt. no. /nite. no. PMBEprivate maibax Daytime teleptone number City State ZIP code Exact Apr. No. / / / / / / / / / / / / / / / / / / /	201	5 C	alifornia e-file	Returi	1 Auth	oriza	tion f	ior I	ndivid	ual	S	8453	
Apt. no. 19th PMBptynate mailtor Daytine talephone number City Issue ZIP code Foreign country name Foreign powrice/state/county Foreign postal code Pert I Tak Return Information (whole dollars only) 1 California adjusted gross income. (Form 540, Ine 17, Form 540 2EZ, Ine 16; Long Form 540NR, Ine 22; or Short Form 540NR, Ine 23) 2 1 California adjusted gross income. (Form 540, Ine 17, Form 540 2EZ, Ine 16; Long Form 540NR, Ine 22; or Short Form 540NR, Ine 123) 3 Part I Tak Return Information (whole dollars only) 1 California adjusted gross income. (Form 540, Ine 17); Form 540 2EZ, Ine 16; Long Form 540NR, Ine 22; or Short Form 540NR, Ine 123) 3 Part II Settle Your Account Electronicially for Taxable Year 2015 (Payment Gue 4782016) 5 Muthod row and the most your adjusted gross income your adjusted	Your first nan												
City State ZiP code Foreign country name Foreign positie column Foreign positie column Part 1 Tax Return Information (whole dollars only) 1 1 California adjusted gross income. (Form 540, line 17; Form 540 2EZ, line 16; Long Form 540NR, line 22; or Short Form 540NR, line 125). 2 3 Anount you own. (Form 540, line 117; Form 540 2EZ, line 32; Long Form 540NR, line 125). 2 4 Direct diposition of return 0 5 Electronic Linub (In a 32; Long Form 540NR, line 125). 9 Anount you own. (Form 540, line 117; Form 540 2EZ, line 32; Long Form 540NR, line 125). 3 9 Anount you own. 5 Electronic Linub (In a 32; Long Form 540NR, line 125). 9 Anount you own. 5 Electronic Linub S are are NOT installment payments for the current amount you own. 9 Anount on the directly dipositie to account below 12 11 Fore the apyment Due 1/17/2017 10 Anount on the directly dipositie to account below 12 12 Roting number. 11 Anount on the direct dipositie to account below 13 Roting number. 13 11 Anount on the direct dipositie to account below. 13 The conint number. 14	If joint return,	, spouse's/RE	DP's first name and initial		Last name				Suffix	Spous	Spouse's/RDP's SSN or ITIN		
Foreign country name Foreign province/lutatatatocounty Foreign postal code Part 1 Tax Return Information (whole dollars only) 1 California adjusted gross income. (Form 540, line 17; form 540 2E2, line 32; Long Form 540NR, line 32; or Short Form 540NR, line 125) 2 Advance of the constraint of the constraint of the state of t	Street address (number and street) or PO box				Apt. no. /ste. no.			PMB/pri	vate mailbox	Daytime telephone number			
Part I Tax Return Information (whole dollars only) 1 California adjusted gross income. (Form 540, Ine 17; Form 540 2EZ, line 32; Long Form 5400R, line 32; or Short Form 5400R, line 125) 2 2 Returd or no amount due, (Form 540, line 117; Form 540 2EZ, line 32; Long Form 5400R, line 125; or Short Form 5400R, line 125) 2 3 Anount you over, (Form 540, line 117; Form 540 2EZ, line 32; Long Form 5400R, line 122; or Short Form 5400R, line 123; 3 Part II Make Status (Form 540, line 117; Form 540 2EZ, line 32; Long Form 5400R, line 122; or Short Form 5400R, line 123; 5b Withdrawal date (mmddsyygy) Part II Make Status (Form 540, line 117; Form 540 2EZ, line 31; Long Form 5400R, line 32; or Short Form 5400R, line 123; Form 5400R, line 123; 3 Maximum Dave (Form 540, line 117; Form 540 2EZ, line 31; Long Form 5400R, line 32; or Short Form 5400R, line 123; Short of the unrent amount you we. 4 Direct deposit Status (Form 5400R) Status (Form 5400R) Short of the unrent amount you we. 5 Mithdrawal date First Payment Due 4/18/2016 Sacound Payment Due 4/18/2017 Short of the unrent amount you we. 9 Routing number 13 Routing number 14 Account number 13 Routing number 14 Account number 14 Account number 15 <	City							State	9	ZIP co	ode		
Part I Tax Return Information (whole dollars only) 1 California adjusted gross income. (Form 540, Ine 17; Form 540 2EZ, line 32; Long Form 5400R, line 32; or Short Form 5400R, line 125) 2 2 Returd or no amount due, (Form 540, line 117; Form 540 2EZ, line 32; Long Form 5400R, line 125; or Short Form 5400R, line 125) 2 3 Anount you over, (Form 540, line 117; Form 540 2EZ, line 32; Long Form 5400R, line 122; or Short Form 5400R, line 123; 3 Part II Make Status (Form 540, line 117; Form 540 2EZ, line 32; Long Form 5400R, line 122; or Short Form 5400R, line 123; 5b Withdrawal date (mmddsyygy) Part II Make Status (Form 540, line 117; Form 540 2EZ, line 31; Long Form 5400R, line 32; or Short Form 5400R, line 123; Form 5400R, line 123; 3 Maximum Dave (Form 540, line 117; Form 540 2EZ, line 31; Long Form 5400R, line 32; or Short Form 5400R, line 123; Short of the unrent amount you we. 4 Direct deposit Status (Form 5400R) Status (Form 5400R) Short of the unrent amount you we. 5 Mithdrawal date First Payment Due 4/18/2016 Sacound Payment Due 4/18/2017 Short of the unrent amount you we. 9 Routing number 13 Routing number 14 Account number 13 Routing number 14 Account number 14 Account number 15 <					Foreign province/state/county					Foreic	in postal code		
1 California adjusted gross income. (Form 540, line 17; Form 540 2EZ, line 16; Long Form 540NR, line 32; or Short Form 540NR, line 122) 2 Refund or na amount due, (Form 540, line 115; Form 540 2EZ, line 16; Long Form 540NR, line 122; or Short Form 540NR, line 122) 3 Anount you over, (Form 540, line 111; Form 540 2EZ, line 31; Long Form 540NR, line 122; or Short Form 540NR, line 122) A Direct dues (Form 540, line 111; Form 540 2EZ, line 31; Long Form 540NR, line 122; or Short Form 540NR, line 122) Part II Settle Your Account Electronically for Taxable Year 2015 (Payment due 4/18/2016) For Till Settle Tour Account Flore (Form 540, line 112; or Short Form 540NR, line 122) Mithdrawal date Part II Make Estimated Tax Payments for Taxable Year 2016 These are NOT installment payments for the current amount you ove. 6 Anount of the fund to be directly deposited to account below. 7 Withdrawal date 9 Routing number 10 Account number 11 Type of account: 10 Account number 11 Type of account: 11 Checking 12 The remaining amount of my refund for direct deposit: 13 Routing number 14 Account number 15 Type of account: 16 Account number 17 Type of account: 17 Checking 18 Routing number 19 Routing number 11 Type of account: 10 Routing number 11 Type of account: 12 The remaining amount of my refund for direct deposit: 13 Routing number 14 Account number 15 Type of account: 16 Checking <td></td> <td></td> <td></td> <td>l'oroign</td> <td colspan="4"></td> <td></td> <td></td> <td></td> <td></td>				l'oroign									
2 Refund or no anound use. (Form 540, line 115; Form 540 ZEZ, line 32: Long Form 540NR, line 125; or Short Form 540NR, line 125; or Zander Verander Steven State			· · · · · · · · · · · · · · · · · · ·										
3 Amount you ove: (form 540, line 111; form 540 ZEZ, line 31; Long Form 540NR, line 121; or Short Form S40NR, line 121;, 3 Part II Settle Your Account Electronically for Taxable Year 2015 (Payment due 4/18/2016) 4 Direct deposit or forum 3 b Electronic funds withdrawal 3 a Amount						-					,		
Part II Settle Your Account Electronic funds withdrawal 5a Amount 5b Withdrawal date (mm:ddayyyy) Part III Make Estimated Tax Payments for Taxable Year 2016 These are NOT Installment payments for the current amount you owe. Image: Settle Sett													
4 Direct deposit of refund 5 Electronic funds withdrawal 5a Amount 5b Withdrawal date (mm/dd/yyy) Part III Make Estimated Tax Payments for Taxable Year 2016 These are NOT installment payments for the current amount you owe. 6 Amount [First Payment Due 4/18/2016 Second Payment Due 6/15/2016 Third Payment Due 9/15/2016 Fourth Payment Due 1/17/2017 7 Withdrawal date								ort Form	I 540INR, IIIIe	; IZI) .	ð		
Part III Make Estimated Tax Payments for Taxable Year 2016 These are NOT installment payments for the current amount you owe. First Payment Due 4/18/2016 Second Payment Due 6/15/2016 Third Payment Due 9/15/2016 Fourth Payment Due 1/17/2017 6 Amount First Payment Due 4/18/2016 Second Payment Due 6/15/2016 Third Payment Due 9/15/2016 Fourth Payment Due 1/17/2017 7 Withdrawal date Part IV Banking Information (Have you verified your banking information?) Part IV Banking Information (Have you verified your banking information?) 9 Routing number 13 Routing number 13 Routing number 13 Routing number 10 Account number 14 Account number 14 Account number 28 and 11 Type of account: Checking Savings Part V Declaration of Taxpayer(s) I althorize an electronic funds withdrawal for the annount listed on line 5 and any estimated payment amounts listed on line 5 and any estimated payment amounts listed on line 5 and social Security number (ISN) or individual taxpayer identification number (ITN), and the amounts Shown on the corresponding lines of my 2015 Caliform in corner undividual taxpayer identification number (ITN), and the amounts Shown on the corresponding lines of my 2015 Caliform in corner tart. To the less of my Knowledge and bellet, my telms or advorder an electronic funds withdrawal. Mathemation (Have you welf edit pay telms of the corner payment amounts listed on line 5 of my Knowledge and bellet, my telms of accounts bellet and complex. If an advorder payment amounts listed on line 5 of my Knowledge and bellet, my telms of acomplex. If a									5h Withdra	wal dat	e (mm/dd/www)		
First Payment Due 4/18/2016 Second Payment Due 6/15/2016 Third Payment Due 9/15/2016 Fourth Payment Due 1/17/2017 6 Amount													
6 Amount 7 Withdrawal date 7 Withdrawal date Part IV Banking Information (Have you verified your banking information?) 8 Amount of refund to be directly deposited to account below12 The remaining amount of my refund for direct deposit3 9 Routing number11 Routing a savings Part V Declaration of Taxpayer(s) Isamout is descingtate in Part II. If I check Part II, Box 4.1 declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. If I check Part II, Box 5.1 authorize an electronic funds withdrawal for the amount listed on lines 5 (from the account listed on lines 5.0 (no.4 no.1 II. II have filed a joint return, this is an irrevoable appointment of the other spouse/RPD as an agent to receive the refund or authorize an electronic funds withdrawal. Under penalties of perjury. I declare that the information 1 provided to my electronic return originator (ERO), transmitter, or intermediate service provider. Including my name, address, and social security number (SSN) or individual taxpayer (dentification number (TIN), and the anounts Shown in Part 1 above agrees with the information and accompanying schedules and statements be transmitted to the FIP by my ERO. Transmitter, or intermediate service provider. If the processing of my return or returnd is delayed, I authorize the FIB to disclose to my ERO or intermediate service provider. The staliabitity and the anount shamont as a statements		Make Lotin	-							-	-	t Due 1/17/2017	
Part IV Banking Information (Have you varified your banking information?) 8 Amount of refund to be directly deposited to account below 12 The remaining amount of my refund for direct deposit 9 Routing number 13 Routing number 14 Account number 14 Account number 14 Account number 15 Type of account: Checking Savings 16 Type of account: Checking Savings 17 The account to be settled as designated in Part II. If I check Part II. 80:4.1 declare that the dired deposite findin information in Part IV agrees with the authorization 16 Tron the account listed on lines 3, 10, and 1.1 I have filed a joint return, this is an invovable appointment of the other space finding and agree to receive the refund or 17 mane. address. and social social number (IIII) and the amount listed on line file and social service provider. Including mment 17 mane. address. and social social number (IIII) and the amount shown in Part 1 blow gates with the information and 18 applicable interest and part the information and accompanying schedules and statements be transmitted. The reason of the 3 and and accompanying schedules and statements be transmitted to the FTB by my ERO, transmitter, or intermediate service provider intermediate service provider. Intermediate service provider intermediate service provider the reason(S) for the 18 and have file provessing of my ERO and Paid Preparer. See instructions. 19 Jour signature 19 Jour signature 19 Jour signature 20 Jour si	6 Amount				<u>,</u>			,		-			
Part IV Banking Information (Have you varified your banking information?) 8 Amount of refund to be directly deposited to account below 12 The remaining amount of my refund for direct deposit 9 Routing number 13 Routing number 14 Account number 14 Account number 14 Account number 15 Type of account: Checking Savings 16 Type of account: Checking Savings 17 The account to be settled as designated in Part II. If I check Part II. 80:4.1 declare that the dired deposite findin information in Part IV agrees with the authorization 16 Tron the account listed on lines 3, 10, and 1.1 I have filed a joint return, this is an invovable appointment of the other space finding and agree to receive the refund or 17 mane. address. and social social number (IIII) and the amount listed on line file and social service provider. Including mment 17 mane. address. and social social number (IIII) and the amount shown in Part 1 blow gates with the information and 18 applicable interest and part the information and accompanying schedules and statements be transmitted. The reason of the 3 and and accompanying schedules and statements be transmitted to the FTB by my ERO, transmitter, or intermediate service provider intermediate service provider. Intermediate service provider intermediate service provider the reason(S) for the 18 and have file provessing of my ERO and Paid Preparer. See instructions. 19 Jour signature 19 Jour signature 19 Jour signature 20 Jour si	7 Withdray	wal date											
A amount of refund to be directly deposited to account below12 The remaining amount of my refund for direct deposit			formation (Have you verified your	banking info	ormation?)								
10 Account number 14 Account number 11 Type of account: Checking Savings Part V Declaration of Taxpayer(s) Isubicized my account to be settled as assignated in Part II. If I check Part II. Box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization in Savings Inder penalties of perjury. I declare that the information I provided to my electronic funds withdrawal for the amount Sisted on line Sa and any estimated payment amounts listed on line Sa and any estimated payment amounts listed on line Sa and any estimated payment amounts listed on line Sa and any estimated payment amounts listed on line Sa and any estimated payment amounts listed on line Sa and any estimated payment amounts listed on line Sa and any estimated payment amounts listed on line Sa and any estimated payment and list if the circle set and list if the circle set and list if the information and another shown on the corresponding lines of my return. To the best of my knowledge and beliet, my return in and accompanying solubilist and statements be transmitter, or intermediate service provider. It is unlawing an another shown on the corresponding lines of my return and accompanying solubilist and statements be transmitter. applicable interest and pensities. I authorize my return and accompanying solubilist and statements be transmitter. Intermediate service provider the reason(s) for the delay of the date when the return dist delayed. I authorize the FTB to disclose to my ERO transmitter, or intermediate service provider the reason(s) for the delay of the date when the return dist delayed. I authorize the FTB to disclose to my ERO transmitter, or intermediate service provider the reason(s) for the delay of the date when the return originator (ERO) and	-	÷			,	12 The r	emaining a	mount o	of my refund f	for direc	t deposit		
11 Type of account: Checking Savings Part V Declaration of Taxpayer(S) Lauthorizer vaccount to be setted as designated in Part II. If Leck Part II. Box 4. I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. If Leck Part II. Box 5. Lauthorize an electronic funds withdrawal for the amount listed on line 5. and any estimated payment amounts listed on lines 5. In advect the set of the set	9 Routing	number				13 Rout	ing numbe	er					
Part V Declaration of Taxpayer(s) lauthorize my account to be settled as designated in Part II. FI check Part II. Box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization of the account listed on line 5, and any estimated payment amounts listed on line 5, and any estimated payment amounts listed on line 5, and any estimated payment amounts listed on line factorine funds withdrawal. Under penalties of periury. I declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my mane, address, and social security number (SSM) or individual taxpayer identification number (TIN), and the amounts shown in Part I abox agrees with the information and amounts shown in Part I abox agrees with the information and amounts shown on the corresponding lines of my 2015 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If 1 am any and the fractions in the Frachise Tax Board (FTB) does not receive uil and timely payment of my tax liable for the axiability. I return liable or the axiability and all applicable interest and penalties. I authorize my return at accompanying schedules and statements be transmitted to the FTB by my ERO, transmitter, or intermediate service provider. If the processing of my return or return all acager is a complete and correct to the best of my knowledge. (If 1 am only an intermediate service provider the reason(S) for the delay of the date when the return of that the entries on from FTB 4453 before transmitter, before a spouse S/RDP's signature. Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions. Gleare that I have reviewed the above taxpayer's return and taxpayer's freturn													
I authorizer my account to be settled as designated in Part II. If I check Part II. Box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. If I check Part II. Box 5, I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 5 from the account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to receive the refund or authorize an electronic funds withdrawal. Under penalties of perityr, I declare that the information 1 provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual taxpayer identification number (TIN), and the amounts shown in Part I above agrees with the information and amounts shown in the corresponding lines of my 2015 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I am animounts being accounting to the tax liability and accompanying schedules and statements be transmitter or intermediate service provider. If the processing of my return or return or the date when the return of was sent. Sign Mour signature Date Spouse's/RDP's signature. If filing jointly, both must sign. Date II is any account to file apprecise the return of the statements be apprecised as apprecises/RDP's signature. Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions. I ano nity an intermediate service provider the reason(s) for the data statements and that an on the return of the state show taxpayer's return and that the entrine on the return is the coromic that i num vereason on that i have showe taxpayer'	11 Type of a	account: 🗆	Checking 🗆 Savings			15 Type	of account	t: 🗆 C	hecking	□ Sav	/ings		
stated on my'return. If I check Part II, Box S, I authorize an electronic funds withdrawal for the amount listed on line S and any estimated payment amounts listed on line S from the account listed on lines S, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to receive the refund or authorize an electronic funds withdrawal. Under penalties of perjury, I declare that the information 1 provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part 1 above agrees with the information and all applicable interest and penalties. I authorize my return and accompanying schedules and statements be transmitted to the FTB by my ERO, transmitter, or intermediate service provider. If the processing of my return or return and accompanying schedules and statements be transmitted to the FTB by my ERO, transmitter, or intermediate service provider interest and penalties. I authorize my return and accompanying schedules and statements be transmitted to the FTB by my ERO, transmitter, or intermediate service provider interesting of my return or retund is delayed, I authorize the FTB to disclose to my ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent. Sign T vour signature D the above taxpayer's return and accare, however, that from FTB 8453 accarelapy reflects the data on the return.) I have by oursign at the above taxpayer's return and clacare, however, that Tom FTB 8453 accarelapy reflects the data on the return.) I have by ourselve Drovider. In the return of that 1 have responsible for reviewing the taxpayer's return adcare, however, that Tom FTB 8453 on the or full with her FTB and have followed and the requirements describer provided in the require statements, and to the best of my knowledge and belief, they are true, correct, and c													
name, address, and social security number (SSN) or individual taxpayer identification number (TIN), and the amounts shown in Part I above agrees with the information and amounts shown on the corresponding lines of my 2015 California income tax return. To the best of my knowledge and belieft, my return is true, correct, and complete. If I am all applicable interest and paralities. I authorize my return and accompanying schedules and statements be transmitted to the FTB by my ERO. transmitter, or intermediate service provider. If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO transmitter, or intermediate service provider. If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO transmitter, or intermediate service provider the reason(s) for the delay or the date when the refund was sent. Sign Here Your signature Date Spouse's/RDP's signature. If filing jointly, both must sign. Date It is unlawful to forge a spouse's/RDP's signature. If an only an intermediate service provider, I understand that I am not responsible for reviewing the taxpayer's return. Take and the tax proves signature on orme FTB 4435 before transmitting this return to the FTB. These provided the taxpayer signature on form FTB 4453 before transmitting this return to the FTB. These provided the taxpayer with a copy of all forms and information that I will hier for the adde to of the return or four years from the date the return is filed, whichever is later, and I will make a copy available to the FTB by provide taxpayer return and accompanying schedules and statements, and to the best of my knowledge. If I am also the paid preparer. Cere that I am oot reported the atter methy and intermediate service provider. If the return or four years from the date the return is filed, whichever is later, and will make a copy available to the FTB by the provide the taxpayer is the molecular of the return or four years from the date the return is filed, whichever is later, and i	stated on my 6 from the ad	/ return. If I o ccount listed	check Part II, Box 5, I authorize ar on lines 9, 10, and 11. If I have fil	i electronic fi	unds withdraw	al for the a	imount liste	eḋ on lir	e 5a and any	estimat	ed payment ar	mounts listed on line	
Here Your signature Date Spouse's/RDP's signature. If filing jointly, both must sign. Date Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions. It is unlawful to forge a spouse's/RDP's signature. Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions. It is unlawful to forge a spouse's/RDP's signature. Ideclare that I have reviewed the above taxpayer's return and that the entries on form FIB 8453 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 taxpayer's return. I declare, however, that form FIB 8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature on form FIB 8453 before transmitting this return to the FIB; I have provided the taxpayer with a copy of all forms and information that I will file matchever is later, and I will make a copy available to the FIB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer'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. ERO ERO's-signature Image for yours is self-addianed the above taxpayer'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. Image for yours is self-addianed to the fore yours is self-addianed tore yours is self-addianed to the period of the	name, addres amounts sho filing a balan all applicable service provi	ss, and socia own on the co ce due return interest and ider. If the pr	I security number (SSN) or individ prresponding lines of my 2015 Cali n, I understand that if the Franchise I penalties. I authorize my return a rocessing of my return or refund	ual taxpayer fornia incom Tax Board (F ind accompa	identification n e tax return. To TB) does not i nving schedul	umber (ITI o the best o receive full es and stat	N), and the of my know and timely ements be	e amoun ledge ar paymen transmi	ts shown in P Id belief, my r t of my tax lia tted to the FT	art I abo eturn is bility, I i B bv m	ove agrees with true, correct, a remain liable fo v ERO. transm	n the information and and complete. If I am or the tax liability and hitter, or intermediate	
Here Your signature Date Spouse's/RDP's signature. If filing jointly, both must sign. Date Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions. It is unlawful to forge a spouse's/RDP's signature. Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions. It is unlawful to forge a spouse's/RDP's signature. Ideclare that I have reviewed the above taxpayer's return and that the entries on form FIB 8453 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 taxpayer's return. I declare, however, that form FIB 8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature on form FIB 8453 before transmitting this return to the FIB; I have provided the taxpayer with a copy of all forms and information that I will file matchever is later, and I will make a copy available to the FIB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer'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. ERO ERO's-signature Image for yours is self-addianed the above taxpayer'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. Image for yours is self-addianed to the fore yours is self-addianed tore yours is self-addianed to the period of the	Sign												
Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions. I declare that I have reviewed the above taxpayer's return and that the entries on form FTB 8453 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 taxpayer's return. I declare, however, that form FTB 8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature on form FTB 8453 before transmitting this return to the FTB: I have provided the taxpayer's intervapayer 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, 2015 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453 on file for four years from the date the 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 taxpayer'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. ERO ERO's-signature Image: Signature information Signate inform	Here	Your sig	gnature		Date							ign. Date	
I declare that I have reviewed the above taxpayer's return and that the entries on form FTB 8453 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 taxpayer's return. I declare, however, that form FTB 8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature on form FTB 8453 before transmitting this return to the FTB; I have provided the taxpayer with a copy of all forms and information that I will file providers. I will keep form FTB 8453 on file for four years from the due date of the return or four years from the date the 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 taxpayer'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. ERO signature Firm's name (or yours if self-employed) Under penalties of perjury, I declare that I have examined the above taxpayer'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. ERO signature Firm's name (or yours if self-employed) Under penalties of perjury, I declare that I have examined the above taxpayer'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. Firm's name (or yours if self-employed) Firm's name (or yours if s	Part VI	Declaration	of Electronic Return Originator	(FRO) and	Paid Prenare	r See inst		awiui to i	orge a spouse	3 S/RDP	s signature.		
ERO Must Sign ERO's- signature also paid preparer if self- employed Firm's name (or yours if self-employed) and address FEIN Under penalties of perjury, I declare that I have examined the above taxpayer'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. Paid Preparer Paid preparer's signature Paid preparer's PTIN Firm's name (or yours if self-employed) FEIN Firm's name (or yours if self-employed) FEIN	I declare that service provid obtained the with the FTB, years from th preparer, und	I have review der, I understa taxpayer's sig and I have fo he due date of ler penalties of	ed the above taxpayer's return and and that I am not responsible for re nature on form FTB 8453 before tr illowed all other requirements descr the return or fou r years from the di of perjury, I declare that I have exam	that the entrie viewing the ta ansmitting thi ibed in FTB P ate the return nined the abov	s on form FTB xpayer's return is return to the ub. 1345, 2015 is filed, whiche re taxpayer's re	8453 are co . I declare, FTB; I have e-file Hand ever is later, sturn and ac	omplete and however, th e provided t dbook for Au and I will n ccompanyin	iat form the taxpa uthorized nake a cl ng sched	FTB 8453 accu yer with a cop d e-file Provide opy available t	urately re by of all ers. I wil to the FT	eflects the data forms and info I keep form FTE B upon request	on the return.) I have ormation that I will file B 8453 on file for four t. If I am also the paid	
Sign if self-employed) and address ZIP code Under penalties of perjury, I declare that I have examined the above taxpayer'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. Paid Paid Preparer Paid preparer's signature Paid preparer's entry Paid preparer's entry Must Sign FEIN FEIN	ERO Must Sign					Date	als	so paid	if self- employe	ed 🗆	ERO's PTIN		
belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge. Paid Preparer's Signature Paid Preparer's		if self-emplo	byed)						FE		IP code		
Preparer's signature if self- employed Must Sign Firm's name (or yours if self-employed)										ents, and	d to the best o	f my knowledge and	
Must Firm's name (or yours FEIN	Paid Preparer	preparer's				Date	ifs		if self-	_		1	
	Must Sign	Firm's name	byed)								code		

California e-file Return Authorization for Individuals

General Information

A Purpose of Form FTB 8453

Form FTB 8453, California e-file Return Authorization for Individuals, is the signature document for individual e-file returns. By signing this form the taxpayer, electronic return originator (ERO), and paid preparer declare that the return is true, correct, and complete. Additionally, the signatures authorize the electronic transmission of the return to the Franchise Tax Board (FTB) and the execution of any designated electronic account settlement. The form does not serve as proof of filing an electronic return — the acknowledgement containing the date of acceptance for the accepted return is that proof.

B ERO and Paid Preparer Responsibilities

As an authorized e-file provider, you must:

- Review the taxpayer's return, plus entries and banking information on form FTB 8453. Obtain each taxpayer's signature after you prepare the return but before you transmit it.
- Sign form FTB 8453.
- Provide taxpayer(s) with:
 - A signed original or copy of form FTB 8453.
 - Original Form(s) W-2, W-2G, and 1099R.
 - A copy of the taxpayer's return and associated forms and schedules.
- Retain the original or faxed signed form FTB 8453 for four years from the due date of the return or four years from the date the return is filed, whichever is later. (Exception: VITA/TCE/Not for Profit Sites – Give the signed form FTB 8453 to the taxpayer.)

C Taxpayer Responsibilities

Before your ERO can e-file your return, you must:

- Verify all information on form FTB 8453, including SSN(s), ITIN(s), and banking information. Confirm your routing and account numbers.
- Inspect a copy of the return and ensure the information is correct.
- Sign form FTB 8453 after the return is prepared but before it is transmitted.
- Submit the signed form FTB 8453 to your ERO (fax is acceptable).

After your return is e-filed, you must retain the following documents for the California statute of limitations period:

- Form FTB 8453 (signed original or copy of the form).
- Original Form(s) W-2, W-2G, and 1099R.
- A paper copy of Form 540, Form 540 2EZ, Long or Short Form 540NR.
- A paper copy of your federal tax return.
- A paper copy of your other state income tax return if you claimed the California Other State Tax Credit. Refer to California Schedule S.

The California statute of limitations is the later of four years from the due date of the return or four years from the date the return is filed. (**Exception:** An extended statute of limitations period may apply for California or federal tax returns that are related to or subject to a federal audit.)

D Refund Information

Check your tax refund status at **ftb.ca.gov** and search for **refund status** or call our automated phone service at 800.338.0505.

E Paying Your Taxes

If you owe tax, you must pay it by April 18, 2016, to avoid penalties and interest. When you e-file, you can choose from the following payment options:

- Pay by electronic funds withdrawal: You can have all or part of your balance due withdrawn electronically from your bank account on the date you choose. See Part II.
- Pay online: You can pay the amount owed using Web Pay, our secure online payment service. Go to **ftb.ca.gov** for more information.
- Pay by credit card: You can use your Discover, MasterCard, Visa, or American Express card to pay your tax. Go to officialpayments.com or call 800.272.9829. Use jurisdiction code 1555. Official Payments Corp. charges a convenience fee for using this service. If you pay by credit card, **do not** mail the voucher (FTB 3582, Payment Voucher for Individual e-filed Returns) to us.
- Pay by check or money order: You can pay by check or money order using FTB 3582. Mail FTB 3582 with your check or money order to us using the address printed on the voucher. **Do not** include a copy of your return. Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

Mandatory e-pay – If you are required by Revenue and Taxation Code Section 19011.5 to make your payments electronically, you must make your tax return payment electronically (e.g. EFW, Web Pay or credit card). Go to **ftb.ca.gov** and search for **mandatory epay** for more information.

Specific Instructions

Date of Acceptance

Enter the date the FTB accepts the return in the space at the top of form FTB 8453.

Part II – Settle Your Account Electronically

Using direct deposit or electronic funds withdrawal is voluntary and applies only to the return you are filing at this time. If you want your refund directly deposited into one or more accounts, or your payment withdrawn electronically from your account, you must complete the banking information on your return and complete Parts II and IV of form FTB 8453 **before transmitting the return.**

We will not honor requests completed after transmission of the return. Be sure the account information is correct. If the bank or financial institution rejects the electronic funds withdrawal due to an error in the routing number or account number, we will send you a notice that may include penalties and interest.

To cancel an electronic funds withdrawal, you must call FTB e-Programs Customer Service at 916.845.0353 at least **two working days** before the date of the withdrawal.

Part III – Make Estimated Tax Payments for 2016

When you e-file you may opt to schedule the electronic payment of estimated tax payments for taxable year 2016. The amounts you designate on line 6 will be withdrawn from the account listed on lines 9, 10, and 11 on the date you select. Be sure to select a date on or before the due date of the estimated tax payment to avoid penalties and interest charges.

To cancel a scheduled estimated tax payment, you must call the FTB e-Programs Customer Service at 916.845.0353 at least two working days before the date of the withdrawal.

Part IV – Banking Information

Individual taxpayers may request that their refund be electronically deposited into more than one checking or savings account. It's fast, safe, and convenient to have your refund directly deposited into your bank account.

You can find the routing and account numbers on a check or bank statement, or by contacting your financial institution. **Do not** use a deposit slip as it may contain internal routing numbers.

Lines 8 and 12 - The refund amounts you designated for direct deposit.

Lines 9 and 13 – The routing number must be nine digits. The first two digits must be between 01 and 12 or 21 and 32.

Lines 10 and 14 – The account number can be up to 17 characters and can include numbers and letters. Include hyphens but omit spaces and special symbols.

Note: Some financial institutions will not allow a joint refund to be deposited to an individual account. If the direct deposit is rejected, we will issue a paper check.

Caution: Check with your financial institution to make sure your deposit will be accepted and to get the correct routing and account numbers. The FTB is not responsible for a lost refund due to incorrect account information entered by you or your representative.

Part V – Declaration of Taxpayer(s)

An e-filed tax return is not considered complete or filed unless form FTB 8453 is signed by you **before** the return is transmitted.

Deceased taxpayer(s) – The legal representative (e.g., beneficiary, administrator, or executor) of the deceased taxpayer's estate must sign form FTB 8453 **before** the return is transmitted.

If you are the surviving spouse/RDP and no administrator or executor has been appointed, you may still file a joint return for the year of death. Indicate next to your signature that you are the surviving spouse/RDP. Also, print "Deceased" and the date of death next to the name of the deceased taxpayer. If you file a return and claim a refund due to a deceased taxpayer, you are certifying under penalty of perjury either that you are the legal representative of the deceased taxpayer's estate (in this case, you must attach certified copies of the letters of administration or letters testamentary to form FTB 8453) or that you are entitled to the refund as the deceased's surviving relative or sole beneficiary under the provisions of the California Probate Code. You must also attach a copy of federal Form 1310, Statement of Person Claiming Refund Due a Deceased Taxpayer, or a copy of the death certificate to form FTB 8453.

Part VI – Declaration of ERO and Paid Preparer

The ERO must sign and complete this part. If the ERO is also the paid preparer, the ERO must check the box labeled "Check if also paid preparer." If the ERO is not the paid preparer, the paid preparer must sign in the space for "Paid Preparer Must Sign."

Additional Information

TTY/TDD: 800.822.6268 for persons with hearing or speech impairments.