Date Accepted	ı

TAXABLE Y		alifornia e-file	Return	Auth	oriza	tion	for li	ndiv	idu	als		_
Your first nam				Last name				Suffix		our SSN or ITIN		_
If joint return,	spouse's/RI	DP's first name and initial		Last name	<b>)</b>			Suffix	S	pouse's/RDP's S	SSN or ITIN	
Street addres	ss (number a	nd street) or PO box			Apt. no. /s	ste. no.	PMB/priv	ate mailb	ox D	aytime telephon	e number	
City					1		State		ZI	IP code		
Foreign count	try name		Foreign p	rovince/state	e/county				F	oreign postal co	de	_
Part I Ta	ıx Return In	formation (whole dollars only)										
2 Refund o	or no amoun you owe. (F	oss income. (Form 540, line 17; t due. (Form 540, line 115; Form orm 540, line 111; Form 540 2E Account Electronically for Taxal	i 540 2EZ, line Z, line 31; Lor	32; Long F ng Form 54	orm 540NI ONR, line	R, line 12 121; or S	5; or Short	Form 5	40NR, I	line 125) <b>2</b> _		
		f refund <b>5</b> $\square$ Electronic fund						5b With	ıdrawal	date (mm/dd/y)		
Part III	Make Estim	ated Tax Payments for Taxable	Year 2017 ⊺	hese are N	OT installn	nent payn	nents for t	he curre	nt amo	unt you owe.		
6 Amount		First Payment Due 4/18/2017	Second Pay	ment Due 6	5/15/2017	Third P	Payment D	ue 9/15/2	2017	Fourth Paym	nent Due 1/16/2018	_
7 Withdray	val data											_
		formation (Have you verified you	ı r banking infori	mation?)								_
		be directly deposited to account b			<b>12</b> The	remaining	amount of	f my refu	nd for (	direct deposit_		
10 Account	number				<b>14</b> Acco	ount num	ber					_
<b>11</b> Type of a		* *			<b>15</b> Type	of accou	ınt: 🗆 Ch	necking		Savings		
		of Taxpayer(s)										
stated on my 6 from the ac authorize and Under penalti name, address amounts should be a balanciall applicable service proving the action of the service proving the action of the actio	return. If I of ecount listed electronic fu ies of perjur ss, and socia wn on the co ce due returr interest and der. <b>If the p</b> i	be settled as designated in Part II. Check Part II, Box 5, I authorize an on lines 9, 10, and 11. If I have fill nds withdrawal.  y, I declare that the information I security number (SSN) or individent or in the second of the	n electronic fun led a joint retur I provided to n lual taxpayer id ifornia income e Tax Board (FT and accompany	ds withdraven, this is and the section in this is and the section in the section	val for the a irrevocable c return or number (IT o the best receive full les and sta	amount lise appointring iginator ( iginator ( iN), and tof my know time tements to the second control in the s	sted on line ment of the ERO), trans the amounts owledge and oly payment oe transmit	e 5a and other sp smitter, c s shown d belief, n of my ta ted to the	any est ouse/R or interr in Part I ny retur x liabilit e FTB b	imated paymen DP as an agent mediate service I above agrees v rn is true, correc ty, I remain liabl v my ERO, tran	t amounts listed on li to receive the refund provider, including a vith the information a ct, and complete. If I e for the tax liability a smitter, or intermedia	my ind am
Sign												
Here	Your sig	gnature		Date						jointly, both mu	st sign. Date	_
Part VI	)eclaration	of Electronic Return Originator	(FRO) and Pa	aid Pronard	r Saa ins			rge a spo	ouse's/H	RDP's signature.		_
I declare that service provid obtained the t with the FTB, years from the preparer, under	I have review der, I underst taxpayer's sig and I have fo e due date of er penalties o	ded the above taxpayer's return and and that I am not responsible for responsible for responsible for the instance on form FTB 8453 before the illowed all other requirements describe return or <b>four</b> years from the difficury, I declare that I have exant, and complete. I make this declar	that the entries viewing the taxp ansmitting this ribed in FTB Put ate the return is nined the above	on form FTE payer's retur return to the c. 1345, 201 filed, which taxpayer's r	8 8453 are c n. I declare, e FTB; I hav 6 e-file Han ever is later eturn and a	complete a however, e provided dbook for g, and I wil ccompany	that form F that form F d the taxpay Authorized Il make a co ving schedu	TB 8453 /er with a e-file Pro py availal	accurate copy o oviders. ble to th	ely reflects the d f all forms and i I will keep form le FTB upon requ	ata on the return.) I ha nformation that I will t FTB 8453 on file for <b>fo</b> Jest. If I am also the pa	ave file <b>bur</b> aid
ERO	ERO's-				Date		Check if also paid	Che if se	lf-	ERO's PTIN		
Must	signature Firm's name	a (or voure					preparer l	⊥   emp	loyed [ FEIN			_
Sign	if self-emple and addres	oyed)								ZIP code		
		y, I declare that I have examined tect, and complete. I make this dec							ements	, and to the bes	t of my knowledge a	nd
Paid	Paid				Date		10	Check if	Pa	aid preparer's P	TIN	
Preparer	preparer's signature							f self- employed	_			
Must	Firm's name	e (or yours.						FEII				_
Sign	if self-emple and addres	oyed)								ZIP code		_
	anu addres	o								1		