TAXABLE	YEAR										FORM
201	8 C	alifornia e-file	Return /	Auth	oriza	tion	for In	divi	dua	als	8453
Your first nan		Last name				Suffix		our SSN or ITIN			
If joint return,	l.	Last name			Suffix			Spouse's/RDP's SSN or ITIN			
Street address		Apt. no. /ste. no.			PMB/priva	te mailbo	ox D	Daytime telephone number			
City							State		ZI	P code	
Foreign coun	Foreign prov	Foreign province/state/county					F	Foreign postal code			
		formation (whole dollars only)									
		ross income. See instructions									
		t due. See instructions									
3 Amount	you owe. Se	ee instructions		Dovmont (010)				3	
Part II 3	et denocit o	f refund 5 Electronic fund	o withdrawal	Fayınleni (ue 4/13/2 nt	.019)		h \Mith	drawal	data (mm/dd/ssss)	
Part III	Make Estili	nated Tax Payments for Taxable First Payment Due 4/15/2019								Fourth Payment	t Due 1/15/2020
6 Amount		Thist rayment Due 4/15/2019	Second Faying	eni Due o	/11/2019	IIIIIur	ayınıcını Du	5 9/10/2	.019	Tourin Fayinein	Due 1/13/2020
7 Withdra											
		r formation (Have you verified your	r hanking informa	ation?)							
		be directly deposited to account b			12 The r	emaining	amount of	nv refur	nd for a	direct deposit	
11 Type of a							int: 🗆 Che			Savings	
Part V	Declaration	of Taxpayer(s)									
from the ban or authorize Under penalt name, addres amounts sho filing a balan all applicable service provi delay or the	k account lis an electronic ties of perjur ss, and socia own on the co ce due returr e interest and ider. If the pi	check Part II, Box 5, I authorize an ted on lines 9, 10, and 11. If I have funds withdrawal. Try, I declare that the information I security number (SSN) or individual presponding lines of my 2018 Calla, I understand that if the Franchise I penalties. I authorize my return a rocessing of my return or refund the refund was sent.	e filed a joint retu provided to my ual taxpayer iden ifornia income tax Tax Board (FTB)	electronic tification of x return. To does not	an irrevoca c return or number (IT o the best of receive full les and state	able appoi iginator (I IN), and to of my kno and time tements b	intment of the ERO), transhe amounts whedge and by payment of the transmitter.	ne other mitter, o shown ii belief, m of my tax	spouser interr n Part l ny retur t liabilit	e/RDP as an agent to mediate service pro- labove agrees with m is true, correct, a y, I remain liable fo y, my FRO, transmi	to receive the refund ovider, including me the information and and complete. If I are the tax liability and titter, or intermediate
Sign											
Here	Your sig	gnature		Date						jointly, both must si	gn. Date
Part VI	Dooloration	of Electronic Return Originator	(EDO) and Dair	d Dronoro	r Coo inc			je a spoi	use's/H	RDP's signature.	
I declare that service provide obtained the to the FTB, and to the due date of under penaltic	I have review der, I understa taxpayer's sig I have followe of the return es of perjury,	yed the above taxpayer's return and and that I am not responsible for reinature on form FTB 8453 before trained all other requirements described or four years from the date the return I declare that I have examined the aplete. I make this declaration based	that the entries or viewing the taxpay nsmitting this retu in FTB Pub. 1345, Irn is filed, whiche bove taxpayer's re	n form FTB yer's return urn to the F , 2018 Han ever is late eturn and a	8453 are c n. I declare, TB; I have p dbook for A r, and I will accompanyi	omplete a however, provided th Authorized make a co ng schedu	nd correct to that form FT ne taxpayer v e-file Provid opy available	B 8453 a vith a cop ers. I wil to the F	ccurate y of all I keep t TB upo	ely reflects the data forms and informat form FTB 8453 on fil n request. If I am al	on the return.) I hav ion that I will file witl le for four years fron Iso the paid prepare
ERO Must Sign	ERO's- signature	•			Date	-	Check if also paid preparer	Chec if self empl		ERO's PTIN	
	Firm's name (or yours if self-employed)					FEIN ZIP code					
		y, I declare that I have examined the ct, and complete. I make this decl							ments		my knowledge an
Paid Preparer	Paid	Paid preparer's			Date			Check Paid preparer's PTIN if self- employed			
Must Sign	Firm's name			'				FEIN			
Jigii	and address				ZIP code						

and address