Date Accep	ted
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TAXABLE Y 202 2		alifornia e-file	Return	Δuth	oriza	tion	for Inc	divi	dua	ls		ORM 453
Your first nam		Last name Suffix						r SSN or ITIN				
If joint return,		Last name			S	uffix	Spo	use's/RDP's SS	SN or ITIN			
Street address (number and street) or PO box				Apt. no. /ste. no.			PMB/private	mailbox	Day	Daytime telephone number		
City							State		7ID	code		
Only				State					ZII 0000			
Foreign coun	try name		Foreign p	ign province/state/county					Fore	Foreign postal code		
Part I Ta	x Return In	formation (whole dollars only)										
1 California	a adjusted gr	ross income. See instructions										
		t due. See instructions										
		ee instructions								3		
		Account Electronically for Taxat	le Year 2022	(Pay by 4/1	8/2023)							
	t deposit of											
		withdrawal 5a Amount										
Part III M	lake Estima	ted Tax Payments for Taxable								•		
		First Payment 4/18/2023	Second Pa	ayment 6/18	5/2023	Thir	d Payment 9/1	15/2023	-	Fourth Payr	nent 1/16/	2024
6 Amount									+			
7 Withdray												
		rmation (Have you verified your b		,	40 The				l fou diu	t d i t		
		be directly deposited to account b										
		Checking Savings					unt: 🗆 Chec			avings	,	
		of Taxpayer(s)			- 31			·····y		armgo		
l authorize m stated on my from the ban	y account to return. If I c k account lis	be settled as designated in Part II. sheck Part II, box 5, I authorize an ted on lines 9, 10, and 11. If I hav fund or authorize an electronic fur	electronic fund	ds withdrawa eturn, this is	al for the a	mount lis	ted on line 5a	and anv	estimat	ted navment an	nounts liste	ed on line 6
Under penalt name, addres amounts sho filing a baland all applicable service provi	ties of perjuress, and social with on the coce due returned interest and der. If the present and der. If the present and der.	y, I declare that the information I security number (SSN) or individual presponding lines of my 2022 Call, I understand that if the Franchist penalties. I authorize my return a recessing of my return or refund the refund was sent.	I provided to r lual taxpayer id ifornia income e Tax Board (FT	my electronic lentification r tax return. T TB) does not	o the best receive ful	of my kno Land time	owledge and be elv payment of	elief, my mv tax l	return iability	is true, correct, I remain liable	, and comp for the tax	llete. If I am Iiability and
Sign												
Here	Your sid	Your signature			Date Spouse's/R			s's/RDP's signature. If filing jointly, both must sign				e
						It is uni	lawful to forge					
		of Electronic Return Originato										
service provice obtained the to the FTB, and I the due date of under penaltic	der, I understa caxpayer's sig I have followe of the return es of periury.	yed the above taxpayer's return and and that I am not responsible for re nature on form FTB 8453 before that all other requirements described or four years from the date the retual declare that I have examined the applete. I make this declaration based	viewing the taxy nsmitting this ro in FTB Pub. 134 Irn is filed, which bove taxpaver's	payer's returr eturn to the F 45, 2022 Han chever is late s return and a	n. I declare, TB; I have p dbook for A r, and I will accompany I have know	however, provided t Authorized make a d ing sched	, that form FTB the taxpayer wit d e-file Provider copy available to lules and statem	8453 ac h a copy s. I will o the FT	curately of all fo keep for B upon	reflects the dat rms and inform m FTB 8453 on request. If I am best of my kno	ta on the ret nation that I file for four also the pa	turn.) I have will file with r years from aid preparer,
ERO Must Sign	ERO's signature				Date		Check if also paid preparer	if self- employ	yed 🗆	ERO's PTIN		
	Firm's name if self-emplo							F	Firm's F	EIN		
	and address		the element	2011017- 111	n and see		الباد عامم	اعلم ام		ZIP code		
		ry, I declare that I have examined ect, and complete. I make this dec						ia state	nents,	and to the best	ot my kno	wiedge and
Paid	Paid	,			Date		3.	Check		Paid preparer	s PTIN	
Preparer	preparer's signature						if so		yed □			
Must	Firm's name	e (or yours						<u> </u>	Firm's F	EIN		
Sign	if self-emplo and address	oyed) -								ZIP code		