TAXABLE Y	YEAR								FORM
202	3 Ca	alifornia e-file R	eturn Au	uthori	zation	for Fid	uciaries	s 84	453-FID
Name of esta	ate or trust						FEIN		
Name and tit	tle of fiduciary	/							
Part I	Tax Return	nformation (whole dollars only)						
		1 541, line 9)	,						
		orm 541, line 20a)							
		, line 28)							
4 Tax due	(Form 541	, line 37)					•••••	4	
5 Overpai	id tax (Form	541, line 38)						5	
Part II	Settle Your	Account Electronically for Tax							
Part III	Schedule	of Estimated Tax Payments for							
	-	First Payment	Secon	nd Payment		Third Pay	/ment	Fourth	Payment
7 Amou									
	rawal Date								
		nformation (Have you verified th			rmation?)				
					44 T (. —	0		
					11 Type of a	account:	Checking	Savings	
-		n of Fiduciary or Officer			D	<u></u>			
l authorize listed on lir	the fiduciar he 6a and ai	y account to be settled as design y estimated payment amounts	listed in Part I listed on line 7	ii. If I check from the a	ccount speci	fied in Part IV	an electronic f	unds withdraw	al for the amount
Under penalties of periury. I declare that I am a fiduciary or officer representing the fiduciary of the above estate or trust and that the information I provided to									
my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the fiduciary's 2023 California income tax return. To the best of my knowledge and belief, the fiduciary's return is true, correct, and complete. If the									
fiduciary is filing a balance due return. I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the fiduciary's tax liability.									
the fiduciary will remain liable for the tax liability and all applicable interest and penalties. I authorize the return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the return is delayed, I authorize the FTB to disclose									
to the ERO	or interme	liate service provider, the reas	on(s) for the de	elay.				.,	
Sign									
Here	Signati	are of fiduciary or officer representing	fiducion [Date					
Part VI		on of Electronic Return Origina	. ,						
		eviewed the above estate or tru Ily an intermediate service prov							
FTB 8453-F	FID accurate	ly reflects the data on the return	.) I have obtain	ed the fiduo	iary or office	r representing	the fiduciary's	signature on fo	orm FTB 8453-FID
l will file wi	ith the FTB.	s return to the FTB; I have prov and I have followed all other re	quirements des	ary or office scribed in F	TB Pub. 134	5, 2023 Handl	book for Autho	rized e-file Prov	viders. I will keep
form FTB 8	3453-FID or	i file for four years from the du- ilable to the FTB upon request.	e date of the re	eturn or fou	ir years from	the date the	fiduciary returi	n is filed, which	never is later, and
fiduciary's	return and a	accompanying schedules and st	atements, and	to the best	of my knowl	ledge and beli	ef, they are tru	e, correct, and	complete. I make
this declara	ation based	on all information of which I ha	ve knowledge.		-	-	-		
	ERO's				Date	Check if also paid	Check if self-	ERO's PTIN	
ERO Must Sign	signature					preparer	employed		
		Firm's name (or yours					Firm's FEIN		
	if self-employed) and address					ZIP code			
Under nort	altion of nor	ury I dealars that I have average	ad the choice f	iduoio <i>nu</i> 'o m	aturn and an	omnonving	abadulaa aad a	totomonto and	to the best of ser
Under penalties of perjury, I declare that I have examined the above fiduciary'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.									
Doid	Paid				Date		Check	Paid preparer's	PTIN
Paid	preparer's				2410		if self-		
Preparer Must		rm's name (or yours					employed Firm's FEIN		
Sign	if self-emplo	byed)							
5	and addres	S F						ZIP code	