

Declaration Control Number (DCN)

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DO NOT MAIL THIS FORM TO FTB

Date Accepted \_\_\_\_\_

TAXABLE YEAR 2004

FORM

# California e-file Return Authorization

# 8453

Your first name and initial		Last name	Your social security number	
If joint return, spouse's first name and initial		Last name	Spouse's social security number	
Present home address — number and street, PO Box, or rural route		Apt. no.	PMB no.	Daytime telephone number
City, town or post office, state, and ZIP Code				

### Part I Tax Return Information (whole dollars only)

1 Refund. (Form 540, line 65; Form 540A, line 39; Form 540 2EZ, line 24; Long Form 540NR, line 74; or Short Form 540NR, line 74) . . . 1 \_\_\_\_\_

2 Amount you owe (Form 540, line 69; Form 540A, line 40 plus line 41; Form 540 2EZ, line 25; Long Form 540NR, line 78; or Short Form 540NR, line 75) . . . . . 2 \_\_\_\_\_

### Part II Settle Your Account Electronically

3  Direct Deposit of Refund

4  Electronic Funds Withdrawal      4a Amount \_\_\_\_\_      4b Withdrawal Date (MM/DD/YYYY) \_\_\_\_\_

### Part III Make Estimated Tax Payments for Taxable Year

	First Payment Due 4/15/04	Second Payment Due 6/15/04	Third Payment Due 9/15/04	Fourth Payment Due 1/18/05
5 Amount				
6 Withdrawal Date				

### Part IV Banking Information (Caution: Have you verified your banking information? Incorrect information causes delays, which may cause penalties and interest.)

7 Routing number \_\_\_\_\_

8 Account number \_\_\_\_\_      9 Type of account:  Checking       Savings

### Part V Declaration of Taxpayer(s)

I authorize my account be settled as designated in Part II. I further authorize my estimated tax payments be withdrawn by electronic funds withdrawal as designated in Part III. I understand that the banking information I provided in Part IV will be used to complete any transactions designated in Part II or Part III. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider, including my name, address and social security number, the amounts shown in Part I above, and the banking information shown in Parts II-IV above, agrees with the information and amounts shown on the corresponding lines of my California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I am filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of my tax liability, I remain liable for the tax liability 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 refund is delayed, I authorize the FTB to disclose to my ERO and/or the Transmitter the reason(s) for the delay or the date when the refund was sent.**

**Sign Here**

Your signature	Date	Spouse's signature. If filing jointly, both must sign.	Date

For Privacy Act Notice, get form FTB 1131 *It is unlawful to forge a spouse's signature.*

### 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 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, e-file Handbook for Authorized e-file Providers and in FTB Pub. 1345A, 2003 e-file Handbook Supplement. 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.

<b>ERO Must Sign</b>	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN/PTIN
	Firm's name (or yours if self-employed) and address	Express File, Inc. P.O. Box 131007, Ann Arbor, MI 48113		FEIN	38 2957030
					ZIP Code 48105

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.

<b>Paid Preparer Must Sign</b>	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's SSN/PTIN
	Firm's name (or yours if self-employed) and address			FEIN
				ZIP Code

For Privacy Act Notice, get form FTB 1131.

FTB 8453 C2 (REV. 11-2003)