TAXABLE YEAR FORM

2016 California e-file Signature Authorization for	or Individuals	8879
Your name	Your SSN	
Spouse's/RDP's name	Spouse's/	RDP's SSN or ITIN
Part I Tax Return Information (whole dollars only)		
1 California Adjusted Gross Income (Form 540, line 17; Form 540 2EZ, line 16; Long Form 540NR, line 32; or Short Form 540NR, line 32)		
 Amount You Owe (Form 540, line 111; Form 540 2EZ, line 31; Long Form 540NR, line 121; or Short Forn Refund or No Amount Due (Form 540, line 115; Form 540 2EZ, line 32; Long Form 540NR, line 125; or Short Form 540NR, line 125) 	,	
Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your		
to my electronic return originator (ERO), transmitter, or intermediate service provider (including my name, at tax identification number) and the amounts shown in Part I above agree with the information and amounts slincome tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevoragent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intern return to the Franchise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent. If I am filing does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds W	hown on the corresponding estimated tax payments of declare that direct deposionable appointment of the conediate service provider to the conediate service provider to the conediate service from the conediate to the conediate service from the conediate service service service service servic	g lines of my electronic as shown on my return sit refund amount on line 3 other spouse/RDP as an a transmit my complete RO, intermediate service nderstand that if the FTB acknowledge that I have
Taxpayer's PIN: check one box only	illidrawai Gollselli.	
☐ I authorize	to enter my PIN	
I authorize ERO firm name	to critici my i m	Do not enter all zeros
as my signature on my 2016 e-filed California individual income tax return.		
I will enter my PIN as my signature on my 2016 e-filed California individual income tax return. Check th return is filed using the Practitioner PIN method. The ERO must complete Part III below.	is box only if you are ente	ring your own PIN and you
Your signature ▶ Date ▶		
Spouse's/RDP's PIN: check one box only		
☐ I authorize _	to enter my PIN	
ERO firm name as my signature on my 2016 e-filed California individual income tax return.		Do not enter all zeros
I will enter my PIN as my signature on my 2016 e-filed California individual income tax return. Ch and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	eck this box only if you	are entering your own Pl
Spouse's/RDP's signature	_ Date	
Practitioner PIN Method Returns Only continue below		
Practitioner PIN Method Returns Only continue below		
Practitioner PIN Method Returns Only continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.		
Practitioner PIN Method Returns Only continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	o not enter all zeros	xpayer(s) indicated above.