

Tax Information Authorization

Use this form to authorize the Franchise Tax Board (FTB) to release limited information for all taxable years to the authorized representative listed in Part II below. Information that FTB may release includes information such as estimate payments, notices, account history, or compliance status. FTB may release information over the phone, in writing, and online at MyFTB. To authorize an individual to act on your behalf before FTB, use form FTB 3520-PIT, Individual or Fiduciary Power of Attorney Declaration. To authorize an individual to act on your behalf before FTB for your business or group return, use form FTB 3520-BE, Business Entity or Group Nonresident Power of Attorney Declaration. This form does not cover non-tax debt. For more information and instructions, go to ftb.ca.gov/tia.

Part I - Taxpayer Information

Check only one box below and provide the corresponding information. If you do not check a box or you select more than one box below, we may reject this Tax Information Authorization (TIA) as invalid. For more information see instructions.

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Individual
(If a joint tax return is filed, each spouse/Registered Domestic Partner [RDP] must complete their own TIA) | <input type="checkbox"/> Fiduciary
(Estate or Trust - FEIN required) | <input type="checkbox"/> Business Entity
(A subsidiary not included with the unitary taxpayer's group return must file its own TIA) | <input type="checkbox"/> 540NR Group Nonresident Return
(If the TIA is related to matters for the 540NR Group Nonresident return) |
|---|--|---|---|

Individual (first name, middle initial, last name, suffix), name of estate or trust, or full legal business name

CA corporation number	CA SOS number (or FTB issued number)	FEIN	SSN or ITIN	Phone
<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>

Street address (number and street) or PO box	Apt. no./Suite no.
<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>

City (If you have a foreign address, see instructions.)	State	ZIP code
<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>

Foreign country name	Foreign province/state/county	Foreign postal code
<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>

Part II - Representative

Only an individual may be named as a representative. To authorize more than one representative, see instructions.

Representative's name (first name, middle initial, and last name)

CA CPA	CA state bar number	CTEC	Enrolled agent number	PTIN
<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>

Street address (number and street) or PO Box	Apt. no./Suite no.	Phone
<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>

City (If the representative has a foreign address, see instructions.)	State	ZIP code	Fax
<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>

Part III – Request or Retain MyFTB Full Online Account Access for Tax Professional(s)

You must check either the “Yes” or “No” box below. If you check the “Yes” box, you are requesting to authorize or retain full online account access for your tax professional, including the ability to view account information. If you requested full online account access for your tax professional on your TIA form, a separate notice will be mailed to you with an authorization code and instructions to approve or deny the online account access request. An authorization code will not be sent for the tax professional if they currently have full online account access.

If you check the “No” box, both the “Yes” and “No” boxes, or do not check any box, we will process the authorization as a “No,” and your tax professional will be granted limited online account access; any existing relationships created by any power of attorney declaration (POA) or other TIA with full online account access will be changed to limited online account access. Limited online account access includes viewing notices and most correspondence issued by FTB in the last 12 months.

Note: Tax professional(s) with limited or full online account access may have access to notices and correspondence in MyFTB for any tax year(s).

This online account access authorization does not affect your tax professional’s ability to obtain information by phone, chat, or in person.

If your TIA is rejected, this request for online access will not be processed and no updates will be made to online access levels for any existing relationships.

Note: Online access is not available for fiduciary or 540NR Group Nonresident Return accounts.

Authorize MyFTB Full Online Account Access for Tax Professional(s) Yes No

Part IV – Signature Authorizing Release of Tax Information

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for **1131**. To request this notice by mail, call 800.852.5711.

I declare under penalty of perjury under the laws of the State of California that I am the taxpayer, corporate officer, general partner, guardian, authorized managing member, tax matter partner, executor, receiver, administrator, or trustee for the taxpayer listed in Part I, and that I have the authority to sign this form on behalf of the taxpayer. I understand that this authority will expire 13 months from the date this authorization is signed. I understand that submitting this form will not revoke any previously submitted TIA form(s). **FTB will reject this form if not signed and dated by an authorized individual.**

By signing this TIA, I understand that FTB will grant limited online account access to my tax professional representative unless full online account access has been requested in Part III. If you do not want your tax professional representative to have any online access, refer to Part III instructions.

Print name	Title (required for fiduciaries and business entities)	
<input type="text"/>	<input type="text"/>	
Signature	Date	
<input checked="" type="checkbox"/>	<input type="text"/>	