C.A.T.S. Tax Service, Inc.
Enrolled Agents

How to make a payment using your bank account information

FTB — STATE OF CALIFORNIA
Franchise Tax Board

www.FTB.CA.gov

Make a payment

Bank account   **Credit card**   **Payment plan**

Personal

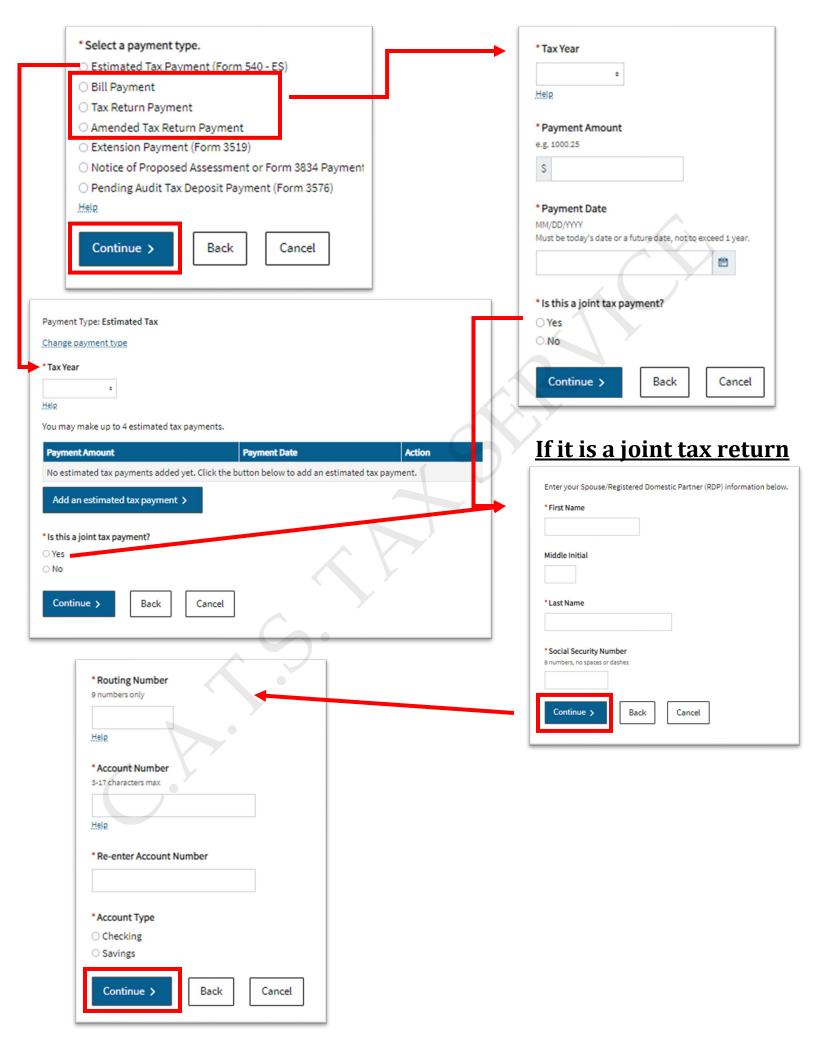You can make payments for:

- Bill or other balance due
- Current year or amended tax return
- Estimated tax
- Extension
- Group nonresident/composite return
- Pending audit tax deposit
- Proposed assessment

Use Web Pay personal

Enter the following information

Enter your Social Security Number and Last Name below. The combination must match our records in order to access this service.

* Social Security Number

9 numbers, no spaces or dashes

* Last Name

Up to 17 letters, no special characters

* Type the characters from the picture

XVOBR

If you use Web Pay, do not mail the paper payment voucher.

Login >

Name & Address Information

*= Required Field

Privacy Policy

* First Name

Middle Initial

* Last Name

davis

☐ Foreign Address

* Street Address

Number and Street, or PO Box

Apartment/Space/Suite

* City

* State

* ZIP Code

Continue >   **Cancel**

* Select a payment type.

- ○ Estimated Tax Payment (Form 540 - ES)
- ○ Bill Payment
- ○ Tax Return Payment
- ○ Amended Tax Return Payment
- ○ Extension Payment (Form 3519)
- ○ Notice of Proposed Assessment or Form 3834 Payment
- ○ Pending Audit Tax Deposit Payment (Form 3576)

Help

[Continue >] [Back] [Cancel]

Payment Type: Estimated Tax

Change payment type

* Tax Year

[‡]

Help

You may make up to 4 estimated tax payments.

Payment Amount	Payment Date	Action
No estimated tax payments added yet. Click the button below to add an estimated tax payment.		

[Add an estimated tax payment >]

* Is this a joint tax payment?
- ○ Yes
- ○ No

[Continue >] [Back] [Cancel]

---

* Tax Year

[‡]

Help

* Payment Amount

e.g. 1000.25

[$]

* Payment Date

MM/DD/YYYY

Must be today's date or a future date, not to exceed 1 year.

[📅]

* Is this a joint tax payment?
- ○ Yes
- ○ No

[Continue >] [Back] [Cancel]

If it is a joint tax return

Enter your Spouse/Registered Domestic Partner (RDP) information below.

* First Name

[   ]

Middle Initial

[   ]

* Last Name

[   ]

* Social Security Number

9 numbers, no spaces or dashes

[   ]

[Continue >] [Back] [Cancel]

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* Routing Number

9 numbers only

[   ]

Help

* Account Number

3-17 characters max

[   ]

Help

* Re-enter Account Number

[   ]

* Account Type
- ○ Checking
- ○ Savings

[Continue >] [Back] [Cancel]

Please review your Web Pay request. If you wish to make changes select the appropriate link. If the information is correct, review the authorization statement below, check the agreement box, and click the 'Submit' button only once.

Contact Information

Taxpayer's Social Security Number
Name
Address

Edit Contact Information

Spouse/RDP's Social Security Number
Spouse/RDP's Name

Edit Spouse/RDP Information

Remove Spouse/RDP Information

Payment Information

Payment Type
Tax Year
Payment Amount
Payment Date

Edit Payment Information

Bank Information

Routing Number
Bank Name
Account Number
Account Type

Edit Banking Information

Review your information before you click "submit"

The next screen will show that your request is scheduled.

Email & Phone Information

If you want an email confirmation that your payment request has been received, provide an email address. This email address is only used for this request.

Email Address

Re-enter Email Address

Telephone Number

Payment Authorization

I hereby authorize the Franchise Tax Board to initiate and process a debit entry to the bank account identified above. This authorization will remain in effect unless I contact the Franchise Tax Board to cancel the request. I request that the payment(s) above be deducted from the bank account on the date specified above. If this day falls on a Saturday, Sunday, or holiday, the transfer is authorized for the next business day. If the Franchise Tax Board cannot deduct the payment from the account because of insufficient funds or because the bank account is closed, the Franchise Tax Board may charge a dishonored payment penalty. I will be responsible for any overdraft fees charged by the bank. Under penalties of perjury under the laws of the State of California I declare that I have completed this application to the best of my knowledge and belief; it is true, correct, and complete.

☐ * By checking this box I agree to the terms stated above.

Click only once

[Submit >]   [Cancel]