

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, Representative, 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. Form FTB 3534, Tax Information Authorization, does not cover non-tax debt. For more information and instructions, go to [ftb.ca.gov/tia](https://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.

☐**Individual**

(If a joint tax return is filed, each spouse/Registered Domestic Partner [RDP] must complete their own TIA)

☐**Fiduciary**

(Estate or Trust-  
**FEIN required**)

☐**Business Entity**

(A subsidiary not included with the unitary taxpayer's group return must file its own TIA)

☐**540NR Group Nonresident Return**

(If the TIA is related to matters for a 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

Street address (number and street) or PO box

Apt. no./ste. no.

City (If you have a foreign address, see instructions.)

State ZIP code

Foreign country name

Foreign province/state/county

Foreign postal code

**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

Street address (number and street) or PO Box

Apt. no./ste. no.

Phone

City (If the representative has a foreign address, see instructions.)

State

ZIP code

Fax