

EFT TRANSMISSION DECLARATION

CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION

INSTRUCTIONS: Please complete the entire form and return it to the California Department of Tax and Fee Administration (CDTFA) office that provided this form to you. Otherwise, you may mail the completed form to your local CDTFA office listed in the telephone directory under State Government, or as listed on our website at www.cdtfa.ca.gov.

Upon receipt of the completed form, the CDTFA will review it and you will be notified by mail of the decision.

NAME OF TAXPAYER/FEEPAAYER	ACCOUNT NUMBER
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REPORTING PERIOD

I, _____, state that at approximately _____
 a.m. p.m. on the _____ day of _____ I initiated an

Electric Funds Transfer to the California Department of Tax and Fee Administration as follows:

- Internet Method
- Touch Tone Telephone
- Voice Operator

PAYMENT AMOUNT	DEBIT DATE SELECTED (if any)	REFERENCE NUMBER RECEIVED
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EXPLANATION

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE	TITLE	DATE
PRINTED NAME	TELEPHONE NUMBER ()	