

Online Account View Access Authorization

Do not mail this form to the Franchise Tax Board (FTB). Please keep it for your records.

Use this form to give your authorized representative permission to view all tax year information associated with your social security number on FTB's website.

Part 1: Taxpayer Social Security Number (SSN) and Name

Taxpayer SSN	Taxpayer Name (first na	Taxpayer Name (first name, middle initial, last name)				
Spouse/RDP ¹ SSN	Spouse/RDP ¹ Name (fi	Spouse/RDP ¹ Name (first name, middle initial, last name)				
Part 2: Authorized Rep	presentative Name, Addr	ess, and Prepa	arer Tax Ident	ification Number (PTIN)	
Authorized representative name	(first name, middle initial, last name	e) or firm name (e.g.,	name used when p	reparing client's returns).		
Street Address						
City		State	ZIP Code	PTIN if applicable		
Part 3: Taxpayer Signa	ture (Spouse/RDP¹ signat	ture if joint retu	rns were filed.)		
Authorization on behalf access to all my tax yea	cpayer(s) named in Part 1 of the taxpayer. I authorize ir information associated w access to all tax years on	e my representa vith my SSN on	ative named in FTB's website	Part 2 to have view onl e. I understand my autho	y rized	
Taxpayer Signature				Date		
Spouse/RDP¹ Signature)			_ Date		
Potention Information						

Taxpayer keeps the original of this form and gives a copy to the authorized representative. Both parties must keep the form until it is revoked. Do not mail this form to FTB.

Get FTB 1131, Franchise Tax Board Privacy Notice, at ftb.ca.gov, or call us at 800.338.0505. If outside the United States, call 916.845.6500.

¹RDP refers to a registered domestic partner.