

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

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

NAME OF TAXPAYER/FEEPAAYER	ACCOUNT NUMBER
REPORTING PERIOD	

I, _____, state that at approximately
print name

_____ a.m./p.m. on the _____ day of _____
time *circle one* *date* *month and year*

I initiated an Electronic Funds Transfer to the State Board of Equalization as follows:

- Internet Method
- Touch Tone Telephone
- Voice Operator

Payment amount: _____


Debit date selected (if any): _____

Reference Number Received: _____

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 ()	