DO NOT MAIL THIS FORM TO THE FTB

TAXABLE Y	'EAR				_	_	_	FORM		
202	1 (California e-file l	Return Au	ithorizat	ion for (Corpora	ations	8453-C		
Corporation r						-		CA SOS file no., or FEIN		
Part I	Tax Retu	n Information (whole dollars only	/)							
1 Total inc	ome (Form	100, line 9; Form 100S, line 8; Fo	orm 100W, line 9 or	Form 100X, line	6)		1			
2 Taxable i	2 Taxable income (Form 100, line 22; Form 100S, line 20; Form 100W, line 22 or Form 100X, line 10)									
		, line 30; Form 100S, line 30; For								
4 Tax due	(Form 100,	line 39; Form 100S, line 40; Forr	n 100W, line 36 or F	Form 100X, line 2	20)		4			
5 Overpay	ment (Forn	n 100, line 40; Form 100S, line 41	; Form 100W, line 3	37 or Form 100X,	line 27)		5			
Part II		e Account Electronically for Taxa								
	tronic fund	of refund (For Forms 100, 100S, a s withdrawal 7a Amount _					уу)			
Part III	Schedule	of Estimated Tax Payments for T	axable Year 2022 (These are NOT in				_ · /		
		First Payment	Second F	Payment	Third	Payment	Foi	urth Payment		
8 Amoun	it									
9 Withdra	awal Date									
Part IV	Banking	nformation (Have you verified the	e corporation's bank	king information?	")					
10 Routing	number									
11 Account	number			12 Type	e of account:	Checking	Saving Saving	gs		
Part V	Declarati	on of Officer								
deposit refu and any esti Under penalt or intermedi return. To the if the Franch applicable in intermediate provider the Sign Here Part VI I declare tha am only an i accurately re have provide FTB Pub. 13	nd agrees v mated payn ties of perju ate service e best of m lise Tax Boa terest and e service pro e reason(s) Signat Declarati at I have rev intermediat effects the ed the corp 45, 2021 H	te account to be settled as desig vith the authorization stated on m ment amounts listed on Part III, li ry, I declare that I am an officer of t provider and the amounts in Part y knowledge and belief, the corpor trd (FTB) does not receive full and benalties. I authorize the corporati- bovider. If the processing of the con- for the delay or the date when the true of officer on of Electronic Return Originate viewed the above corporation's re- te service provider, I understand t data on the return.) I have obta iorate officer with a copy of all for andbook for Authorized e-file Pro- n return is filed, whichever is late	y return. If I check F ne 8 from the bank he above corporatio I above agree with f ation's return is true timely payment of 1 on return and accom poration's return on e refund was sent . Date tr (ERO) and Paid F turn and that the er hat I am not respor ined the corporate rms and informatio viders. I will keep for	Part II, box 7, I au account specified n and that the info the amounts on ti , correct, and con the corporation's npanying schedule r refund is delaye Preparer. See ins ntries on form FT nsible for reviewing officer's signatur on that I will file worm FTB 8453-C co	thorize an electr I in Part IV. rmation I provid he correspondin aplete. If the cor- tax liability, the es and statemen ed, I authorize to tructions. B 8453-C are co- ng the corporati e on form FTB with the FTB, an on file for four ye	ronic funds wit led to my electr gg lines of the c poration is filin corporation wil ts be transmitt he FTB to discl complete and cc ion's return. I c 8453-C befor d I have follov ears from the c	hdrawal for the an onic return origina corporation's 202' g a balance due re I remain liable for ed to the FTB by t ose to the ERO o orrect to the best leclare, however, e transmitting the ved all other required atter of the ret	nount listed on line 7a ator (ERO), transmitter, 1 California income tax sturn, I understand that the tax liability and all he ERO, transmitter, or r intermediate service of my knowledge. (If I that form FTB 8453-C s return to the FTB; I irements described in urn or four years from		
of perjury, l they are true	declare that	I have examined the above corp ind complete. I make this declara	pration's return and	accompanying s	chedules and st	atements, and dge. Check		knowledge and belief,		
ERO	signature				preparer					
Must		Firm's name (or yours								
Sign	if self-empl and addres						ZIP code			
		jury, I declare that I have examir hey are true, correct, and comple						and to the best of my		
Paid	Paid			Date		Check	Paid preparer's P	TIN		
Preparer	preparer's			Date		if self-				
Must						employed Firm's Fl	l EIN			
Sign	Firm's nan if self-emp and addre						ZIP code			

TAXABLE YEAR	
2024	