DO NOT MAIL THIS FORM TO THE FTB

Date Accepted _		-						
TAXABLE YEAR					FORM			
2023	California e-file R	eturn Author	ization for P	artnerships	8453-P			
Partnership name				California Secretary of State	e (SOS) file number or FEIN			
Part I Tax	x Return Information (whole	dollars only)		I.				
2 Ordinary incor 3 Tax due (Form 4 Refund (Form	Form 565, line 12)			2 3				
Part II Se	ettle Your Account Electro	nically						
5 ☐ Electronic funds withdrawal 5a Tax due amount 5c PTE amount								
Part III P	Pass-Through Entity (PTE)	Elective Tax Paym	ent for Taxable Ye	ear 2024				
	First Payment							
6 Amount 7 Withdrawal da (mm/dd/yyyy)								
Part IV B	Banking Information (Have y	ou verified the partnership	's banking information?	·)				
•	oeroer		10 Type of acco	ount:	☐ Savings			
	eclaration of Officer		10 1990 01 4000	out oncoming				
I authorize the parties the amount listed	rtnership's account to be settled as on line 5a, line 5c, and on Part III, f perjury, I declare that I am an offic	ine 6 from the bank accou	int specified in Part IV.					
(ERO), transmitte partnership's 202 partnership is filir tax liability, the pa accompanying sc partnership's retu	r, or intermediate service provider a 3 California income tax return. To the garantee due return, I understar artnership will remain liable for the hedules and statements be transmiurn or refund is delayed, I authorize refund was sent.	nd the amounts in Part I a le best of my knowledge a d that if the Franchise Tax ax liability and all applical ted to the FTB by my ERC	above agree with the am and belief, the partnersh Board (FTB) does not r ale interest and penalties and transmitter, or interme	nounts on the corresponding's return is true, correct receive full and timely pay s. I authorize the partners rediate service provider. If	ing lines of the it, and complete. If the iment of the partnership's hip return and the processing of the			
Sign	•							
Horo =	ignature of officer	Date	Title					

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above partnership's return and that the entries on form FTB 8453-P are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the partnership's return. I declare, however, that form FTB 8453-P accurately reflects the data on the return.) I have obtained the partnership officer's signature on form FTB 8453-P before transmitting this return to the FTB; I have provided the partnership officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453-P on file for **four** years from the due date of the return or **four** years from the date the partnership return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above partnership's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Must Sign	ERO's signature	Date	Check if also paid preparer	Check if self- employed	ERO's PTIN			
	Firm's name (or yours if self-employed) and address	Firm's FEIN	ZIP code					
Under penalties of perjury, I declare that I have examined the above partnership's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.								
Preparer Must Sign	Paid preparer's signature	Date		Check if self-employed	Paid preparer's PTIN			
	Firm's name (or yours if self-employed) and address	,		Firm's FEIN	ZIP code			