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Here Date Spouse's/RDP's signature. If filing jointly, both must sign. Date Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions. declare that I have reviewed the above taxpayer's return and that the entries on form FTB 8453 are complete and correct to the best of my knowledge. (If I am only an intermed envice provider, I understand that I am not responsible for reviewing the taxpayer's return. I declare, however, that form FTB 8453 currently reflects the data on the return.) It batined the taxpayer with a copy of all forms and information that I will file the et de data of the return or four years from the date the return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the private private or four years from the date the return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the private private provider and the return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the private private private that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, re true, correct, and complete. I make this declaration based on all information of which I have knowledge. ROMUSE ERO's signature Image: Signature or four years from the date the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, if self-employed and address Signative Image: Signature or four years from the date the above taxpayer'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 w	9 Routing 10 Account 11 Type of a Part V I I authorize m stated on my from the ban an agent to r Under penal name, addre amounts sho filing a balan all applicable service prov	t number account: Cr Declaration of T ny account to be s y return. If I chec nk account listed receive the refund lities of perjury, I sss, and social se own on the corres nce due return, I u e interest and per vider. If the proce	ecking Savi settled as designated k Part II, box 5, I auti on lines 9, 10, and 1 ⁻ d or authorize an elec declare that the info curity number (SSN) sponding lines of my inderstand that if the ssing of my return of	ngs in Part II. If oorize an ele I. If I have fi tronic funds rmation I p or individua 2023 Califo Franchise Ta v return and	1: 14 14 15 14 15 16 16 16 17 17 17 17 17 17 17 17 17 17 17 17 17	Routin Accour Accour Type or re that thu r the anc irrevocab turn origi ber (ITIN e best of eive full ar and state	g numb nt numb f accour e direct ount liste le appoi nator (E), and th my know nd timel ments b	per per nt:	king d inform and any other tter, or bown in elief, my tax to the	interme pation ir estima spouse/ Part I a return liability, FTB hv	avings Part IV agrees v ted payment amoregistered domes ediate service pr bove agrees with is true, correct, a I remain liable for my FBO transm	vith the authorizatio ounts listed on line stic partner (RDP) a ovider, including m the information an and complete. If I ar or the tax liability an itter or intermedial	
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