Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

| TAXABLE YEAR 2017 | California e-file Return Authorization for Exempt Organizations | FORM 8453-EO |

| Exempt Organization name | Identifying number |

Part I   **Electronic Return Information** (whole dollars only)

1 Total gross receipts (Form 199, line 4) . . . . **1**_____

2 Total gross income (Form 199, line 8) . . . . **2**_____

3 Total expenses and disbursements (Form 199, Line 9) . . . . **3**_____

Part II   **Settle Your Account Electronically for Taxable Year 2017**

4 ☐ Electronic funds withdrawal   **4a** Amount _____   **4b** Withdrawal date (mm/dd/yyyy) _____

Part III   **Banking Information** (Have you verified the exempt organization's banking information?)

5 Routing number_____

6 Account number_____ **7** Type of account: ☐ Checking   ☐ Savings

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Part IV   **Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2017 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here   ▶ _____   _____   ▶ _____
             Signature of officer   Date   Title

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

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO 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 exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization 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, 2017 e-file Handbook for Authorized e-file Providers**.** I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization 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 exempt organization'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.

ERO 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 ▶ _____			FEIN	
					ZIP code

Under penalties of perjury, I declare that I have examined the above organization'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.

Paid 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 ▶ _____		FEIN	
				ZIP code

For Privacy Notice, get FTB 1131 ENG/SP.   FTB 8453-EO   2017