| t I Tax Ret | Irn Information (whole dollars only) | | | | | |
|--|---|--|--|---|---|---|
| otal income (l | Form 100, line 9; Form 100S, line 8; For | rm 100W, line | e 9 or Form 10(| DX, line 6) | | |
| axable incom | e (Form 100, line 22; Form 100S, line 20 | 0; Form 100\ | N, line 22 or Fo | rm 100X, line | 10) | |
| otal tax (Form | 100, line 30; Form 100S, line 29; Form | n 100W, line 3 | 30 or Form 100 | X, line 18) | | |
| ax due (Form | 100, line 39; Form 100S, line 38; Form | 100W, line 3 | 6 or Form 100 | X, line 20) | | |
| verpayment (| Form 100, line 40; Form 100S, line 39; | Form 100W, | line 37 or Form | n 100X, line 2 [°] | 7) | |
| t II Settle i | he Account Electronically for Taxable | Year 2018 | | | | |
|] Direct depo | sit of refund (For Forms 100, 100S, and | d 100W only | .) | | | |
| Electronic 1 | unds withdrawal 7a Amount | | | _ 7b With | ndrawal c | date (n |
| t III Sched | ule of Estimated Tax Payments for Taxa | ble Year 201 | 19 (These are N | IOT installmer | nt paymer | nts for |
| | First Payment | Sec | cond Payment | | Third | d Payn |
| Amount | | | | | | |
| Withdrawal Da | ite | | | | | |
| | ing Information (Have you verified th | e corporatio | on's banking in | formation?) | | |
| outing numb | | | | | | |
| ccount numb | | | | 12 Type of ac | count: | |
| | ation of Officer | | | JF = 1.1 | | |
| sit refund agr ny estimated r penalties of ermediate sen h. To the best Franchise Tax cable interest nediate service der the reaso | porate account to be settled as designa ees with the authorization stated on my payment amounts listed on Part III, line berjury, I declare that I am an officer of the vice provider and the amounts in Part I of my knowledge and belief, the corporat & Board (FTB) does not receive full and t and penalties. I authorize the corporatior e provider. If the processing of the corp n(s) for the delay or the date when the ignature of officer | return. If I ch e 8 from the e above corpo above agree tion's return is imely payme n return and a poration's ret | neck Part II, Box bank account s oration and that with the amour s true, correct, a nt of the corpor accompanying s urn or refund is | (7, 1 authorize pecified in Pa the informatic ats on the corr and complete. ration's tax lial schedules and | e an elect rt IV. on I provid respondir If the cor pility, the statemer | ded to ng line rporati corpo nts be f |
| VI Declar | ation of Electronic Return Originator (I | ERO) and Pa | id Preparer. Se | e instructions | 3. | |
| nly an interm rately reflects provided the Pub. 1345, 20 ate the corpo rjury, I declar | e reviewed the above corporation's retu ediate service provider, I understand th the data on the return.) I have obtain corporate officer with a copy of all forn 18 Handbook for Authorized e-file Provi ration return is filed, whichever is later, e that I have examined the above corpor ect, and complete. I make this declaration | at I am not r ned the corpo ms and infor iders. I will k and I will ma ration's return | esponsible for prate officer's s mation that I w eep form FTB & ake a copy avai n and accompa | reviewing the signature on f /ill file with th 453-C on file lable to the F nying schedul | corporat form FTB e FTB, ar for four y fB upon i les and st | tion's r 8 8453 nd I ha rears fi reques tateme |
|) ERO's signat | ure | | | Date | Check i also pa prepare | id |
| if self- | name (or yours employed) ddress | | | | | |
| | perjury, I declare that I have examine ief, they are true, correct, and complete | | | | | |
| D.11 | | | | | | |

| Part I Tax Return Information (whole dollars only) | |
|--|--|
| 1 Tatal income (Form 100, line 0; Form 1009, line 9; Form 100W, line 0 or Form 100V, line 6) | |

California e-file Return Authorization for Corporations

| Part II Settle the Account Electronically for Taxable Year 2018 | |
|--|--|
| 5 Overpayment (Form 100, line 40; Form 100S, line 39; Form 100W, line 37 or Form 100X, line 27) | |
| 4 Tax due (Form 100, line 39; Form 100S, line 38; Form 100W, line 36 or Form 100X, line 20) | |
| 3 Total tax (Form 100, line 30; Form 100S, line 29; Form 100W, line 30 or Form 100X, line 18) | |
| 2 Taxable income (Form 100, line 22; Form 100S, line 20; Form 100W, line 22 or Form 100X, line 10) | |
| 1 Total income (Form 100, line 9; Form 100S, line 8; Form 100W, line 9 or Form 100X, line 6) | |

6

| b \square Direct deposit o | f refund (For Forms 100, 100S, an | d 100vv only.) | | | | |
|-------------------------------------|---|-----------------------------------|-----------------------------------|----------------|--|--|
| 7 🗆 Electronic funds | withdrawal 7a Amount | 7 | b Withdrawal date (mm/dd/y | ууу) | | |
| Part III Schedule o | Part III Schedule of Estimated Tax Payments for Taxable Year 2019 (These are NOT installment payments for the current amount the corporation owes.) | | | | | |
| | First Payment | Second Payment | Third Payment | Fourth Payment | | |
| 8 Amount | | | | | | |
| 9 Withdrawal Date | | | | | | |
| Part IV Banking I | nformation (Have you verified th | e corporation's banking informati | on?) | | | |
| 10 Routing number | | | _ | | | |
| 11 Account number | | 12 Type | of account: 🛛 Checking | g 🔲 Savings | | |

Part

I auth bank account specified in Part IV for the direct funds withdrawal for the amount listed on line 7a depos and a

Under my electronic return originator (ERO), transmitter, s of the corporation's 2018 California income tax or int returr on is filing a balance due return. I understand that ration will remain liable for the tax liability and all if the applic transmitted to the FTB by the ERO, transmitter, or B to disclose to the ERO or intermediate service intern provi

| Sign | | | |
|------|----------------------|------|-------|
| Here | Signature of officer | Date | Title |

Part

te and correct to the best of my knowledge. (If I I dec am oi eturn. I declare, however, that form FTB 8453-C -C before transmitting this return to the FTB; I accur ave followed all other requirements described in have rom the due date of the return or **four** years from FTB F st. If I am also the paid preparer, under penalties the da of pe ents, and to the best of my knowledge and belief, they

| ERO | ERO's signature | Date | Check if also paid preparer 🛛 | Check if self- employed [| ERO'S PTIN |
|--------------|---|------|-------------------------------------|---------------------------------|------------|
| Must Sign | Firm's name (or yours if self-employed) | | | Firm's FEIN | |
| orgii | and address | | | | ZIP code |

Unde hedules and statements, and to the best of my ich I have knowledge. know

| Paid Preparer | Paid preparer's signature | Date | Check if self- employed | Paid preparer's PTIN |
|------------------|---|------|-------------------------------|----------------------|
| Must Sign | Firm's name (or yours if self-employed) | | Firm's F | EIN |
| Sigii | and address | | | ZIP code |

Identifying number

FORM

8453-

| Date | Accepted |
|------|-----------|
| TAX | ABLE YEAR |

2018

Corporation name