

Date Accepted \_\_\_\_\_

TAXABLE YEAR \_\_\_\_\_ FORM \_\_\_\_\_

2021 California e-file Return Authorization for Partnerships 8453-P

Partnership name \_\_\_\_\_ California Secretary of State (SOS) file number or FEIN \_\_\_\_\_

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line number and Amount. Lines 1-4: Total income, Ordinary income, Tax due, Refund.

Part II Settle Your Account Electronically

5 [ ] Electronic funds withdrawal 5a Amount \_\_\_\_\_ 5b Withdrawal date (mm/dd/yyyy) \_\_\_\_\_

Part III Banking Information (Have you verified the partnership's banking information?)

6 Routing number \_\_\_\_\_ 7 Account number \_\_\_\_\_ 8 Type of account: [ ] Checking [ ] Savings

Part IV Declaration of Officer

I authorize the partnership's account to be settled as designated in Part II. If I check Part II, box 5, I authorize an electronic funds withdrawal for the amount listed on line 5a from the bank account specified in Part III.

Under penalties of perjury, I declare that I am an officer of the above partnership 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 partnership's 2021 California income tax return. To the best of my knowledge and belief, the partnership's return is true, correct, and complete. If the partnership is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the partnership's tax liability, the partnership will remain liable for the tax liability and all applicable interest and penalties. I authorize the partnership return and accompanying schedules and statements be transmitted to the FTB by my ERO, transmitter, or intermediate service provider. If the processing of the partnership's return or refund is delayed, I authorize the FTB to disclose to my ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.

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 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, 2021 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.

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 \_\_\_\_\_ 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.

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 \_\_\_\_\_ Firm's FEIN \_\_\_\_\_ ZIP code \_\_\_\_\_