

Date Accepted _____

TAXABLE YEAR **2021** California e-file Return Authorization for Partnerships FORM **8453-P**

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

Part I Tax Return Information (whole dollars only)

1 Total income (Form 565, line 12) **1**
 2 Ordinary income (Form 565, line 23) **2**
 3 Tax due (Form 565, line 33) **3**
 4 Refund (Form 565, line 34) **4**

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 _____