Date Accepted _____ **DO NOT MAIL THIS FORM TO THE FTB**

TAXABLE YEAR **2024**

California Payment Authorization for Business Entities

FORM **8453-BE (PMT)**

Name of business entity (corporation, limited liability company, partnership, or exempt organization)	California Corporation No., CA SOS file no., or FEIN

Part I Extension Payment Information for Taxable Year 2024

1 Electronic Funds Withdrawal (EFW) Amount _____ **2** Withdrawal Date (mm/dd/yyyy) _____

Part II Schedule of Estimated Tax Payments for Taxable Year 2025

(These are **not** installment payments for the current amount the corporation or exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
3 Amount				
4 Withdrawal date (mm/dd/yyyy)				

Part III Annual Tax or Estimated Fee Payment for Taxable Year 2025

(This is **not** an installment payment for the current amount the LLC owes.)

	Annual Tax Payment	Estimated Fee Payment
5 Amount		
6 Withdrawal date (mm/dd/yyyy)		

Part IV Pass-Through Entity (PTE) Elective Tax Payments for Taxable Years 2024 and 2025

	2024 Second Payment	2025 First Payment
7 Amount		
8 Withdrawal date (mm/dd/yyyy)		

Part V Banking Information for Electronic Funds Withdrawal

9 Routing number _____ **10** Account number _____

11 Type of account: ☐ Checking ☐ Savings

Payment Authorization

I authorize the business entity account to be settled as designated in Parts I, II, III and IV. The above electronic funds withdrawals are to be made from the bank account indicated on Part V, lines 9, 10, and 11. This authorization will remain in effect unless I contact the Franchise Tax Board (FTB) to cancel the request. I request that the payment(s) above be deducted from the bank account on the date(s) specified above. If a date falls on a Saturday, Sunday, or holiday, the transfer is authorized for the next business day. If the FTB cannot deduct the payment from the account because of insufficient funds or because the bank account is closed, the FTB may charge a dishonored payment penalty. I will be responsible for any overdraft fees charged by the bank. Under penalties of perjury under the laws of the State of California, I declare that I have completed this payment authorization to the best of my knowledge and belief; it is true, correct, and complete.

Sign Here	Signature of business entity's representative ▶	Date
	Title ▶	

Declaration of Electronic Return Originator (ERO) and Paid Preparer.

Under penalties of perjury, I declare that I have reviewed the entries on form FTB 8453-BE (PMT) and they are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I declare that form FTB 8453-BE (PMT) accurately reflects the data on the EFW request.) I have obtained the taxpayer's signature on form FTB 8453-BE (PMT) before transmitting the EFW to the FTB. I have provided the taxpayer 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, 2024 Handbook for Authorized e-file Providers. I will keep form FTB 8453-BE (PMT) for the statute of limitations period, and I will make a copy available to FTB upon request.

Sign Here					
	ERO's signature ▶	Date	Check if also paid preparer ☐	Check if self-employed ☐	ERO's PTIN
	Paid preparer's Signature ▶	Date		Check if self-employed ☐	Paid preparer's PTIN
	Firm's Name (or yours if self-employed)			Firm's FEIN	
	Firm's Address				ZIP code

KEEP THIS FORM FOR YOUR RECORDS – DO NOT MAIL TO THE FTB