1 Total income (Form 568, Schedule B, line 12 or Form 568, line 1 for Single Member LLCs)	Date Accepte	ed		-			
Limited Liability Companies California Secretary of State (SOS) file number or FEIN Part I Tax Return Information (whole dollars only) 1 Total income (Form 568, Schedule B, line 12 or Form 568, line 1 for Single Member LLCS) 2 Ordinary income (Form 568, Schedule B, line 12 or Form 568, line 1 for Single Member LLCS) 3 Returnd (Form 568, Schedule B, line 2 or Form 568, line 1 for Single Member LLCS) 3 Returnd (Form 568, line 19) 4 Total amount due (Form 568, line 19) 5 Electronic funds withdrawal 5 Withdrawal date (mm/dd/yyyy) 5 FTE amount 5 Withdrawal date (mm/dd/yyyy) 5 FTE amount 5 Withdrawal date (mm/dd/yyyy) 5 FTE amount 6 Amount 7 Withdrawal date (mm/dd/yyyy) Part II Pass-Through Entity (PTE) Elective Tax Payment for Taxable Year 2025 This is not an installment payment for the current amount the LLC owes. Annual Tax Payment 8 Amount 9 Withdrawal date (mm/dd/yyyy) Part V Banking Information (Have you verified the LLC's banking information?) 10 Routing number 11 Account number 12 Type of account: _ Checking _ Savings Part VI Beclaration of Authorized Member or Manager 11 Authorize the limited liability company account to be settled as designated in Part II. If I check box 5, I authorize an electronic funds withdrawal for the amount listed on line 5s, line 5s, any 2025 amount lax or estimated fee payment amounts listed on Part III, line 6, and on Part IV, line 8 from the bank account specified in Part V. Under penalties for payiny, I declare that I am an authorized member or manager of the above limited liability company and that the information I provided to my electronic return originator (FRO), transmitte, or intermediate service provider and the amounts in Part I above agree with the amounts on the orresponding lines of the limited liability company will remain limited liability and applicable interest and penalties. I authorize the limited liability company will remain limited liability and applicable interest and penalties. I authorize the limited liability company's return o	TAXABLE YEA	AR_	California e-file	Return Authori	zation for		
Calibraia Secretary of State (SOS) file number or FEIN	2024						8453-LLC
1 Total income (Form 568, Schedule B, line 12 or Form 568, line 1 for Single Member LLCs)	Limited liability			•		California Secretary of State	(SOS) file number or FEIN
Return (Form 568, line 19)	Part I	Tax Re	eturn Information (whole	dollars only)			
Return (Form 568, line 19)					,		
## Total amount due (Form 568, line 21). Part II Settle Your Account Electronically for Taxable Year 2024 S	-	•		- · · · · · · · · · · · · · · · · · · ·	,		
Part II Settle Your Account Electronically for Taxable Year 2024 5 Electronic funds withdrawal 5b Withdrawal date (mm/dd/yyyy) 5d Withd							
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12 Type of account: Checking Savings Part VI Declaration of Authorized Member or Manager authorize the limited liability company account to be settled as designated in Part II. If I check box 5, I authorize an electronic funds withdrawal for the amount listed on line 5a, line 5c, any 2025 annual tax or estimated fee payment amounts listed on Part III, line 6, and on Part IV, line 8 from the bank account specified in Part V. Under penalties of perjury, I declare that I am an authorized member or manager of the above limited liability company 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 limited liability company's 2024 California income tax return. To the best of my knowledge and belief, the limited liability company's return is true, correct, and complete. If the limited liability company is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the limited liability company return and accompanying schedules and statements be transmitted to the FTB by my ERO, transmitter, or intermediate service provider. If the processing of the limited liability company'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.							
Part VI Declaration of Authorized Member or Manager I authorize the limited liability company account to be settled as designated in Part II. If I check box 5, I authorize an electronic funds withdrawal for the amount listed on line 5a, line 5c, any 2025 annual tax or estimated fee payment amounts listed on Part III, line 6, and on Part IV, line 8 from the bank account specified in Part V. Under penalties of perjury, I declare that I am an authorized member or manager of the above limited liability company 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 limited liability company's 2024 California income tax return. To the best of my knowledge and belief, the limited liability company's return is true, correct, and complete. If the limited liability company is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the limited liability company's tax liability, the limited liability company will remain liable for the tax liability and all applicable interest and penalties. I authorize the limited liability company return and accompanying schedules and statements be transmitted to the FTB by my ERO, transmitter, or intermediate service provider. If the processing of the limited liability company'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.	Part V	Banki	ing Information (Have yo	u verified the LLC's banking i	nformation?)		
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Sign	not receive ful applicable inte	ll and timerest and	nely payment of the limited liab I penalties. I authorize the limit	oility company's tax liability, t ted liability company return a	ne limited liability co nd accompanying sc	mpany will remain liable t hedules and statements t	or the tax liability and all be transmitted to the FTB
Horo							
Horo	Sign Here				•		
		Signatu	ure of authorized member or manag	ger Date	Title		

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

I declare that I have reviewed the above limited liability company's return and that the entries on form FTB 8453-LLC 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 limited liability company's return. I declare, however, that form FTB 8453-LLC accurately reflects the data on the return.) I have obtained the signature from the limited liability company authorized member or manager on form FTB 8453-LLC before transmitting this return to the FTB; I have provided the limited liability company authorized member or manager 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-LLC on file for **four** years from the due date of the return or **four** years from the date the limited liability company 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 limited liability company'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.

EKU Must	ERO's signature	Date	Check if also paid preparer	Check if self- employed	ERO's PTIN				
	Firm's name (or yours if self-employed)	Firm's FEIN							
	and address		ZIP code						
Under penalties of perjury, I declare that I have examined the above limited liability company'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	Paid preparer's signature	Date		Check if self-employed	Paid preparer's PTIN				
Sian	Firm's name (or yours if self-employed)	'		Firm's FEIN					
	and address		ZIP code						