

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

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

**2025****California e-file Return Authorization for  
Exempt Organizations**

FORM

**8453-EO**

Exempt Organization name

Identifying number

**Part I Electronic Return Information** (whole dollars only)

**1** Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5) ..... **1** \_\_\_\_\_  
**2** Total gross income or total tax (Form 199, line 8 or Form 109, line 14) ..... **2** \_\_\_\_\_  
**3** Refund (Form 109, line 27) ..... **3** \_\_\_\_\_  
**4** Balance due or Total amount due (Form 199, line 16 or Form 109, line 30) ..... **4** \_\_\_\_\_

**Part II Settle Your Account Electronically for Taxable Year 2025****5** ☐ Direct deposit of refund (Form 109 only.)**6** ☐ Electronic funds withdrawal **6a** Amount \_\_\_\_\_ **6b** Withdrawal date (mm/dd/yyyy) \_\_\_\_\_**Part III Schedule of Estimated Tax Payments for Taxable Year 2026** (These are **not** installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
<b>7</b> Amount				
<b>8</b> Withdrawal Date				

**Part IV Banking Information** (Have you verified the exempt organization's banking information?)**9** Routing number \_\_\_\_\_**10** Account number \_\_\_\_\_ **11** Type of account: ☐ Checking ☐ Savings**Part V Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 5, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and any estimated payment amounts listed on Part III, line 7 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization 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 exempt organization's 2025 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the 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 VI Declaration of Electronic Return Originator (ERO) and Paid Preparer.** See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO 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 exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I have provided the organization 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, 2025 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization 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 exempt organization'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

**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