

Date Accepted _____

TAXABLE YEAR _____

FORM _____

2025**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)

1 Total income (Form 565, line 12)	1 _____
2 Ordinary income (Form 565, line 23)	2 _____
3 Refund (Form 565, line 36)	3 _____
4 Total amount due (Form 565, line 38)	4 _____

Part II Settle Your Account Electronically5 Electronic funds withdrawal

5a Tax amount _____

5b Withdrawal date (mm/dd/yyyy) _____

5c PTE amount _____

5d Withdrawal date (mm/dd/yyyy) _____

Part III Pass-Through Entity (PTE) Elective Tax Payment for Taxable Year 2026

	First Payment	
6 Amount		
7 Withdrawal date (mm/dd/yyyy)		

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

8 Routing number _____

10 Type of account: Checking Savings

9 Account number _____

Part V 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, line 5c, and on Part III, line 6 from the bank account specified in Part IV.

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 2025 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 VI 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, 2025 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 Firm's name (or yours
if self-employed)
and address 

Date	<input type="checkbox"/> Check if also paid preparer	<input type="checkbox"/> Check if self- employed	ERO's PTIN
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 Firm's name (or yours
if self-employed)
and address 

Date	<input type="checkbox"/> Check if self- employed	Paid preparer's PTIN
Firm's FEIN		ZIP code