TAXABLE YEAR

FORM

201	8 Califor	nia e-file R	eturn Authoi	rizatio	n for Cor	porati	ons	8453-C
Corporation	name					Ide	entifying number	
Part I	ax Return Information	(whole dollars only)						
			rm 100W, line 9 or Form	100X. line 6)			1	
			20; Form 100W, line 22 or					
	•		n 100W, line 30 or Form 1		,			
4 Tax due	(Form 100, line 39; Fo	rm 100S, line 38; Form	100W, line 36 or Form 1	00X, line 20)			4	
5 Overpay	ment (Form 100, line 4	10; Form 100S, line 39	Form 100W, line 37 or Fo	orm 100X, lin	e 27)		5	
	Settle the Account Ele							
6 □ Dire	ct deposit of refund (Fo	or Forms 100, 100S, ar	nd 100W only.)			X		
7 □ Elec	tronic funds withdrawa	d 7a Amount		7b \	Vithdrawal date (ı	nm/dd/yyyy)		
Part III	Schedule of Estimated	l Tax Payments for Tax	able Year 2019 (These ar	e NOT installr	nent payments fo	the current	amount the corpo	ration owes.)
	F	First Payment	Second Paymer	nt	Third Pay	ment	Fourth	Payment
8 Amoui	nt							
9 Withdr	rawal Date							
Part IV	Banking Information	n (Have vou verified t	ne corporation's banking	information	?)			
10 Routing		()					7	
11 Account				12 Type of	account:	Checking	Savings	
Part V	Declaration of Officer			71			J	
		it to be settled as desig	nated in Part II. If I check	Part II, Box 6	6, I declare that th	e bank acco	unt specified in P	art IV for the direc
deposit refu	and agrees with the auti	horization stated on my	return. If I check Part II, I se 8 from the bank accour	Box 7, I autho	rize an electronic	funds withdr	awal for the amo	unt listed on line 7a
•		•	ne above corporation and t	•		my alastroni	o rotura originator	· (EDO) transmitter
return. To the if the Franch applicable in	ne best of my knowledge hise Tax Board (FTB) do nterest and penalties. I a	e and belief, the corpora pes not receive full and authorize the corporation	I above agree with the am tion's return is true, correctimely payment of the cor in return and accompanyin	ct, and comple poration's tax ng schedules a	te. If the corporat liability, the corpo and statements be	ion is filing a ration will re transmitted t	balance due retur main liable for the to the FTB by the l	n, I understand tha e tax liability and al ERO, transmitter, o
	e service provider. If the e reason(s) for the dela		poration's return or refund e refund was sent.	d is delayed,	l authorize the FT	B to disclose	to the ERO or in	termediate servic
Sign		1'()						
Here	Signature of office	r	Date	Ti	le			
Part VI	Declaration of Electron	nic Return Originator	ERO) and Paid Preparer.	See instructi	ons			
			urn and that the entries o			ete and corre	ct to the best of i	my knowledge. (If
am only an	intermediate service p	rovider, I understand t	nat I am not responsible f	or reviewing	the corporation's	return. I decl	are, however, tha	ıt form FTB 8453-(
			ned the corporate officer rms and information that					
FTB Pub. 13	345, 2018 Handbook fo	r Authorized e-file Prov	iders. I will keep form FTI	B 8453-C on f	ile for four years t	rom the due	date of the return	or four years from
the date the	e corporation return is t I declare that I have exa	filed, whichever is later mined the above corno	; and I will make a copy a tration's return and accom	vailable to the	EFIB upon reque	st. It I am als ents and to t	so the paid prepai	rer, under penalties owledge and belief
they are tru	e, correct, and complet	te. I make this declarat	on based on all informati	on of which I	have knowledge.	onto, and to	and boot of my kin	ownoago ana bonon
	EDO:			Date	Check if	Check	ERO's PTIN	١
ER0	ERO's signature				also paid preparer □	if self- employed [<u> </u>	
Must	Firm's name (or yours					FEIN \leftarrow		
Sign	if self-employed)						ZIP code	
	and address						Zii code	
			ed the above corporation e. I make this declaration					I to the best of my
Paid	Paid			Date	l Che	ck Pa	id preparer's PTIN	
Preparer	preparer's			Daio	if se	lf-	51000101011111	
Must					emp	FEIN		
Sign	Firm's name (or yours if self-employed)							
2.9	and address						ZIP code	