Date Accepted	
TAXABLE YEAR	FORM
2018 California e-file Return Authorization for Partnersh	ips 8453-P
	ntifying number
Part I Tax Return Information (whole dollars only)	
1 Total income (Form 565, line 12)	
2 Ordinary income (Form 565, line 23)	
4 Refund (Form 565, line 3-2)	
Part II Settle Your Account Electronically	
5 🗆 Electronic funds withdrawal 5a Amount 5b Withdrawal date (mm/dd/yyy	W)
	y)
Part III Banking Information (Have you verified the partnership's banking information?)	
6 Routing number Checking	Cavinga
	Savings
Part IV 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 electro amount listed on line 5a from the bank account specified in Part III.	nic funds withdrawal for the
Under penalties of perjury, I declare that I am an officer of the above partnership and that the information I provided to	
(ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the correction to the correction of the corre	
partnership's 2018 California income tax return. To the best of my knowledge and belief, the partnership's return is true, partnership is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and tin	
tax liability, the partnership will remain liable for the tax liability and all applicable interest and penalties. Lauthorize the	
accompanying schedules and statements be transmitted to the FTB by my EBO, transmitter, or intermediate service pro-	vider. If the processing of the
partnership's return or refund is delayed, I authorize the FTB to disclose to my ERO or intermediate service provide the date when the refund was sent.	r the reason(s) for the delay or
the date when the fedulu was selft.	
Sign	
Here Signature of officer Date Title	
Part V 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 knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the partnership.)	correct to the best of my
however, that form FTB 8453-P accurately reflects the data on the return.) I have obtained the partnership officer's signal	
before transmitting this return to the FTB; I have provided the partnership officer with a copy of all forms and informatic	on that I will file with the FTB,
and I have followed all other requirements described in FTB Pub. 1345, 2018 Handbook for Authorized e-file Providers. file for four years from the due date of the return or four years from the date the partnership return is filed, whichever is	
available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examine	ed the above partnership's return
and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and co	omplete. I make this declaration
based on all information of which I have knowledge.	
Date Check if Check	ERO's PTIN
ERO's signature also paid preparer also paid paid preparer also paid p	וֹן
Must Firm's name (or yours FEIN	
Sign if self-employed) and address	ZIP code
Under penalties of perjury, I declare that I have examined the above partnership's return and accompanying schedules a	and statements, and to the best o
my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which	
	aid preparer's PTIN
Preparer preparer's signature if self-employed	
Must Firm's name (or yours	
Sign if self-employed)	ZIP code