Date Acc	epted				
TAXABLE		nia a fila Dalaan	A 11 11	for Doubersuch!	FORM D
202		nia e-file Return	Authorization		
Partnership	name			California Secretary	of State (SOS) file number or FEIN
Part I	Tax Return Information	(whole dollars only)			
		12)			
		line 23)			
	,				
	Settle Your Account E	Elastronically			·
	ectronic funds withdraw	· · · · · · · · · · · · · · · · · · ·	5b W	ithdrawal date (mm/dd/yyyy)	
				initiatawai dato (iiiii)dayyyyy)	
		1 (Have you verified the partners		\rightarrow	
				e of account:	☐ Savings
	Declaration of Office			on account	
			dia David II If Lat and David II I	C Control of the State of the S	a for day will do you I for the
		ount to be settled as designated e bank account specified in Par		ox 5, I authorize an electroni	c tunds withdrawai for the
		•		information I provided to my	y electronic return originator
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 2021 California income tax return. To the best of my knowledge and belief, the partnership's return is true, correct, and complete. If the					
		ome tax return. To the best of the return, I understand that if the			
		emain liable for the tax liability			
accompan	rying schedules and sta	atements be transmitted to the	FTB by my ERO, transmitter,	or intermediate service provid	der. If the processing of the
	ip's return or retund is when the refund was se	s delayed, I authorize the FTB	to disclose to my ERU or into	ermediate service provider t	he reason(s) for the delay or
tilo dato t	anon ino rotana wao oc	Jiil.			
Sign					
Here	Signature of officer		Date Title		
D4 W	Declaration of Floatur	ania Datum Olinia da (FDO)	and Daid Dynamay Chainste	- Aliana	
Part V		onic Return Originator (ERO) a e above partnership's return an			urract to the best of my
		mediate service provider, I und			
however, t	that form FTB 8453-P a	occurately reflects the data on t	the return.) I have obtained th	e partnership officer's signatu	ire on form FTB 8453-P
before trai	nsmitting this return to	the FTB; I have provided the pulifements described in FTB Pul	artnership officer with a copy	of all forms and information	that I will file with the FTB,
		ate of the return or four years t			
		t. If I am also the paid prepare			
	npanying schedules and all information of which	d statements, and to the best o	of my knowledge and belief, tr	iey are true, correct, and com	iplete. I make this declaration
20000			ID-t-	10	EDO'- DTIN
ER0	ERO's		Date	Check if Check also paid if self-	ERO's PTIN
Must Sign	signature			preparer employed Firm's FEIN	
	Firm's name (or yours if self-employed)			Timoren	
	and address				ZIP code
		are that I have examined the al re true, correct, and complete.			
Paid	Paid	o trao, corroot, and complete.	Date		Paid preparer's PTIN
Prepare	nrenarer's		2410	if self-	pp
Must	Firm's name (or yours			employed Firm's FEIN	
Sign	if self-employed)				ZIP code
	and address	·			ZIF COUR