

Date Accepted _____

TAXABLE YEAR

2018**California e-file Return Authorization for
Limited Liability Companies**

FORM

8453-LLC

Limited liability company name _____

Identifying number _____

Part I Tax Return Information (whole dollars only)

1 Total income (Form 568, Schedule B, Line 12 or Form 568, Line 1 for Single Member LLCs) **1**

2 Ordinary income (Form 568, Schedule B, line 23 or Form 568, Line 1 for Single Member LLCs) **2**

3 Tax and fee due (Form 568, line 14) **3**

4 Overpayment (Form 568, line 15) **4**

5 Total amount due (Form 568, line 19) **5**

Part II Settle Your Account Electronically for Taxable Year 2018.

6 ☐ Electronic funds withdrawal 6a Amount _____ 6b Withdrawal date (mm/dd/yyyy) _____

Part III Make Annual Tax or Estimated Fee Payment for Taxable Year 2019. This is **NOT** an installment payment for the current amount the LLC owes.

	Annual Tax Payment	Estimated Fee Payment
7 Amount		
8 Withdrawal date		

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

9 Routing number _____

10 Account number _____ 11 Type of account: ☐ Checking ☐ Savings

Part V Declaration of Authorized Member or Manager

I authorize the limited liability company account to be settled as designated in Parts II, III, and IV. If I check Box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and for the 2019 annual tax or estimated fee payment amount listed on line 7 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an authorized member or manager of the above limited liability company 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 limited liability company's 2018 California income tax return. To the best of my knowledge and belief, the limited liability company's return is true, correct, and complete. If the limited liability company is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the limited liability company's tax liability, the limited liability company will remain liable for the tax liability and all applicable interest and penalties. I authorize the limited liability company return and accompanying schedules and statements be transmitted to the FTB by my ERO, transmitter, or intermediate service provider. **If the processing of the limited liability company'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 authorized member or manager

Date

Title

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above limited liability company's return and that the entries on form FTB 8453-LLC 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 limited liability company's return. I declare, however, that form FTB 8453-LLC accurately reflects the data on the return.) I have obtained the signature from the limited liability company authorized member or manager on form FTB 8453-LLC before transmitting this return to the FTB; I have provided the limited liability company authorized member or manager 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, 2018 Handbook for Authorized e-file Providers. I will keep form FTB 8453-LLC on file for **four** years from the due date of the return or **four** years from the date the limited liability company 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 limited liability company'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
signatureFirm's name (or yours
if self-employed)
and address

Date

Check if
also paid
preparer ☐Check
if self-
employed ☐
FEIN

ERO's PTIN

ZIP code

**Paid
Preparer
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Sign**Paid
preparer's
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if self-employed)
and address

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employed ☐
FEIN

Paid preparer's PTIN

ZIP code