Date	Acce	pted
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## **California Payment Authorization 2018 for Business Entities**

8453-BE (PMT)

Part I Extension Payment Information for Taxable Year 2018  1 Electronic Funds Withdrawal (EFW) Amount	Name of business entity (corporation, limited liability company, or partnership)				California Corpora	California Corporation No., CA SOS file no., or FEIN	
Part II Schedule of Estimated Tax Payments for Taxable Year 2019. (These are not installment payments for the current amount the corporation owes.)  First Payment Second Payment Third Payment Fourth Payment  Withdrawal date (mm/dd/yyy)  Part III Annual Tax or Estimated Fee Payment for the current amount the LLC owes.)  Annual Tax payment Estimated Fee Payment Estimated Fee Payment  Mithdrawal date (mm/dd/yyy)  Part IV Banking Information for Electronic Funds Withdrawal  Routing number  Payment Authorization  I authorize the business entity account to be selfled as designated in Parts I, II, and III. The above electronic funds withdrawals are made from the bank account indicated on Part IV, lines 7, 8, and 9. This authorization will remain in effect unless I contact the Fran Tax Board (FTB) to cancel the request, request that the payment(s) above be educated from the bank account on the date(s) speabove. If a date falls on a Saturday, Vanday, or holiday, the transfer is authorized for the next business day. If the FTB cannot deduct the payment from the account because of instificient funds or because the bank account is closed, the FTB may charge a dishono payment penalty, I will be inspectible or any overdraft fees changed by he bank. Under penalties of periury under the laws of the 5 of California, I declare that I have completed this payment authorization to the best of my knowledge and belief; it is true, correct, a complete.  Signature of busing another.	Part I	Extension	Payment Information fo	r Taxable Year 2018	1		
Part II Schedule of Estimated Tax Payments for Taxable Year 2019.  (These are not installment payments for the current amount the corporation owes.)  First Payment Second Payment Third Payment Fourth Payment  Withdrawal date (mm/dd/yyyy)  Part III 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  Withdrawal date (mm/dd/yyyy)  Part IV Banking Information for Electronic Funds Withdrawa  Routing number  7 Routing number  9 Type of account: Checking Savings  Payment Authorization  Lauthorize the business entity account to be settled as designated in Parts I, II, and III. The above electronic funds withdrawals are made from the bank account indicated on Part IV, lines 7, 8, and 9. This authorization will remain in effect unless I contact the Fran Tax Board (FTB) to cancel the request. request that the payment(s) above be deuded from the bank account on the date(s) speabove. If a date falls on a Saturday, Sunday, or holiday, the transfer is authorized for the next business day, If the FTB cannot deduct the payment from the account because of insufficient funds or because the bank account is closed, the FTB may charge a dishono payment penalty. I will be responsible to rany overdraft fees charged by the bank account is closed, the FTB may charge a dishono payment penalty. I will be responsible to rany overdraft fees charged by the bank under payment penalties of perjury under the laws of the S of California, I declare that I have completed this payment authorization to the best of my knowledge and belief; it is true, correct, a complete.  Signature of business entity's representative payment authorization to the best of my knowledge and belief; it is true, correct, a complete.	1 Electro	onic Funds	Withdrawal (EFW) Amount				
(These are not installment payments for the current amount the corporation owes.)  First Payment Second Payment Third Payment Fourth Payment  Amount Mithdrawal date (mm/dd/yyyy)  Part III 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  Mithdrawal date (mm/dd/yyyy)  Part IV Banking Information for Electronic Funds Withdrawal  Rocuting number  Maccount number  Tax Board (FTB) to cancel the request that the payment(s) above be electronic funds withdrawals are made from the bank account indicated on Part IV, lines 7, 8, and 9. This authorization will remain in effect unless I contact the Fran Tax Board (FTB) to cancel the request request that the payment(s) above be elecuted from the bank account on the date(s) spee above. If a date falls on a Saturday, Sunday, or noliday, the transfer is authorized for the next business day. If the FTB cannot deduct the payment from the account because of insufficient funds of because the bank account is closed, the FTB may charge a dishono payment penalty. I will be responsible for any overdraft fees charged by the bank. Under penalties of perjury under the laws of the S of California, I declare that I have completed this payment authorization to the best of my knowledge and belief; it is true, correct, a complete.  Signature of business antity's representative and the payment authorization to the best of my knowledge and belief; it is true, correct, a complete.	2 Withdr	awal Date (	mm/dd/yyyy)				
First Payment Second Payment Third Payment Fourth Payment  Withdrawal date (This is not an installment payment for Taxable Year 2019, (This is not an installment payment for the current amount the LLC olves.)  Annual Tax Payment Estimated Fee Payment  Mithdrawal date (mm/dd/yyyy)  Part IV Banking Information for Electronic Funds Withdrawa  Routing number  7 Routing number  9 Type of account: Checking Savings  Payment Authorization  I authorize the business entity account to be settled as designated in Parts I, II, and III. The above electronic funds withdrawals are made from the bank account indicated on Part IV, lines 7, 8, and 9. This authorization will remain in effect unless I contact the Fran Tax Board (FTB) to cancel the request frequest that the payment(s) above be reducted from the bank account on the date(s) speabove. If a date falls on a Saturday, Sunday, or holiday, the transfer is authorized for the next business day. If the FTB cannot deduct the payment from the account because of insufficient funds of because the bank account is closed, the FTB may charge a dishono payment penalty. I will be responsible or any overdraft fees charged by he bank. Under penalties of perjury under the laws of the S of California, I declare that I have completed this payment authorization to the best of my knowledge and belief; it is true, correct, a complete.  Signature of business entity's representative pages.	Part II	Schedule	of Estimated Tax Paymen	its for Taxable Year 20 <del>19</del>			
3 Amount 4 Withdrawal date (mm/dd/yyyy)  Part III 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  5 Amount 6 Withdrawal date (mm/dd/yyyy)  Part IV Banking Information for Electronic Funds Withdrawal 7 Routing number  9 Type of account: Checking Savings  Payment Authorization I authorize the business entity account to be settled as designated in Farts I, II, and III. The above electronic funds withdrawals are made from the bank account indicated on Part IV, lines 7, 8, and 9. This authorization will remain in effect unless I contact the Frant Tax Board (FTB) to cancel the request. I request that the payment(s) above be leducted from the bank account on the date(s) speabove. If a date falls on a Saturday, Sunday, or holiday, the transfer is authorized for the next business day. If the FTB cannot deduct the payment from the account because of insufficient funds of because the bank account is of perjury under the laws of the S of California, I declare that I have completed this payment authorization to the best of my knowledge and belief; it is true, correct, a complete.  Sign Here		(These are	e <b>not</b> installment payments	for the current amount the cor	poration owes.)		
Withdrawal date (mm/dd/yyyy)			First Payment	Second Payment	Third Payment	Fourth Payment	
Part III   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	3 Amou	ınt					
(This is not an installment payment for the current amount the LLC owes.)    Annual Tax Payment   Estimated Fee Payment							
Annual Tax Payment Estimated Fee Payment    Samount	Part III		_	_	_ { U		
Sign  Services  Amount  Withdrawal date (mm/dd/yyyy)  Part IV Banking Information for Electronic Funds Withdrawal  Routing number  9 Type of account: Checking Savings  Payment Authorization  I authorize the business entity account to be seltled as designated in Parts I, II, and III. The above electronic funds withdrawals are made from the bank account indicated on Part IV, lines 7, 8, and 9. This authorization will remain in effect unless I contact the Fran Tax Board (FTB) to cancel the request. Trequest that the payment(s) above be deducted from the bank account on the date(s) speabove. If a date falls on a Saturday, Sunday, or noliday, the transfer is authorized for the next business day. If the FTB cannot deduct the payment from the account because of insufficient funds or because the bank account is closed, the FTB may charge a dishono payment penalty. I will be responsible for any overdraft fees charged by the bank. Under penalties of perjury under the laws of the Sof California, I declare that I have completed this payment authorization to the best of my knowledge and belief; it is true, correct, a complete.  Signature of business entity's representative payment authorization to the best of my knowledge and belief; it is true, correct, a complete.		(This is no			ves.)		
Fart IV Banking Information for Electronic Funds Withdrawal  7 Routing number  8 Account number  9 Type of account: Checking Savings  Payment Authorization  I authorize the business entity account to be settled as designated in Parts I, II, and III. The above electronic funds withdrawals are made from the bank account indicated on Part IV, lines 7, 8, and 9. This authorization will remain in effect unless I contact the Frantax Board (FTB) to cancel the request. I request that the payment(s) above be deducted from the bank account on the date(s) speabove. If a date falls on a Saturday, Sunday, or holiday, the transfer is authorized for the next business day. If the FTB cannot deduct the payment from the account because of insufficient funds or because the bank account is closed, the FTB may charge a dishono payment penalty. I will be responsible for any overdraft fees charged by the bank. Under penalties of perjury under the laws of the Sof California, I declare that I have completed this payment authorization to the best of my knowledge and belief; it is true, correct, a complete.  Signature of business entity's representative			Annual Tax Payment	Estimated Fee Payment			
Part IV Banking Information for Electronic Funds Withdrawal  7 Routing number	_					<b>/</b>	
Routing number  9 Type of account: Checking Savings  Payment Authorization  I authorize the business entity account to be settled as designated in Parts I, II, and III. The above electronic funds withdrawals are made from the bank account indicated on Part IV, lines 7, 8, and 9. This authorization will remain in effect unless I contact the Frantax Board (FTB) to cancel the request I request that the payment(s) above be deducted from the bank account on the date(s) speabove. If a date falls on a Saturday, Sunday, or holiday, the transfer is authorized for the next business day. If the FTB cannot deduct the payment from the account because of insufficient funds or because the bank account is closed, the FTB may charge a dishono payment penalty. I will be responsible for any overdraft fees charged by the bank. Under penalties of perjury under the laws of the Sof California, I declare that I have completed this payment authorization to the best of my knowledge and belief; it is true, correct, a complete.  Signature of business entity's representative represen							
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Payment Authorization  I authorize the business entity account to be settled as designated in Parts I, II, and III. The above electronic funds withdrawals are made from the bank account indicated on Part IV, lines 7, 8, and 9. This authorization will remain in effect unless I contact the Fran Tax Board (FTB) to cancel the request. I request that the payment(s) above be deducted from the bank account on the date(s) speciabove. If a date falls on a Saturday, Sunday, or holiday, the transfer is authorized for the next business day. If the FTB cannot deduct the payment from the account because of insufficient funds or because the bank account is closed, the FTB may charge a dishono payment penalty. I will be responsible or any overdraft fees charged by the bank. Under penalties of perjury under the laws of the Sof California, I declare that I have completed this payment authorization to the best of my knowledge and belief; it is true, correct, a complete.  Signature of business entity's representative	<b>7</b> Boutin	a number 4			A \ \		
Payment Authorization  I authorize the business entity account to be settled as designated in Parts I, II, and III. The above electronic funds withdrawals are made from the bank account indicated on Part IV, lines 7, 8, and 9. This authorization will remain in effect unless I contact the Frant Tax Board (FTB) to cancel the request. I request that the payment(s) above be deducted from the bank account on the date(s) speciabove. If a date falls on a Saturday, Sunday, or holiday, the transfer is authorized for the next business day. If the FTB cannot deduct the payment from the account because of insufficient funds or because the bank account is closed, the FTB may charge a dishono payment penalty. I will be responsible for any overdraft fees charged by the bank. Under penalties of perjury under the laws of the Sof California, I declare that I have completed this payment authorization to the best of my knowledge and belief; it is true, correct, a complete.  Signature of business entity's representative page 1.		_					
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I authorize the business entity account to be settled as designated in Parts I, II, and III. The above electronic funds withdrawals are made from the bank account indicated or Part IV, lines 7, 8, and 9. This authorization will remain in effect unless I contact the Francisco FTB) to cancel the request. I request that the payment(s) above be deducted from the bank account on the date(s) special above. If a date falls on a Saturday, Sunday, or holiday, the transfer is authorized for the next business day. If the FTB cannot deduct the payment from the account because of insufficient funds or because the bank account is closed, the FTB may charge a dishonor payment penalty. I will be responsible for any overdraft fees charged by the bank. Under penalties of perjury under the laws of the Sof California, I declare that I have completed this payment authorization to the best of my knowledge and belief; it is true, correct, a complete.  Signature of business entity's representative payment authorization to the best of my knowledge and belief; it is true, correct, a complete.	9 Type o	f account:	☐ Checking ☐ Savin	gs			
I authorize the business entity account to be settled as designated in Parts I, II, and III. The above electronic funds withdrawals are made from the bank account indicated or Part IV, lines 7, 8, and 9. This authorization will remain in effect unless I contact the Francisco FTB) to cancel the request. I request that the payment(s) above be deducted from the bank account on the date(s) special above. If a date falls on a Saturday, Sunday, or holiday, the transfer is authorized for the next business day. If the FTB cannot deduct the payment from the account because of insufficient funds or because the bank account is closed, the FTB may charge a dishonor payment penalty. I will be responsible for any overdraft fees charged by the bank. Under penalties of perjury under the laws of the Sof California, I declare that I have completed this payment authorization to the best of my knowledge and belief; it is true, correct, a complete.  Signature of business entity's representative payment authorization to the best of my knowledge and belief; it is true, correct, a complete.	Payment	Authorizat	ion				
Sign here business entity's representative	made from Tax Board above. If a the payment payment p of Californ	m the bank d (FTB) to c a date falls ent from the penalty. I wi nia, I declar	account indicated on Part ancel the request. I reques on a Saturday, Sunday, or account because of insuf Il be responsible for any over	IV, lines 7, 8, and 9. This authors that the payment(s) above be holiday, the transfer is authorize ficient funds or because the bayerdraft fees charged by the bayerdraft fees charged by the bayerdraft fees charged by the	rization will remain in effect un deducted from the bank acco of for the next business day. If nk account is closed, the FTB nk. Under penalties of perjury	less I contact the Franchise unt on the date(s) specified the FTB cannot deduct may charge a dishonored under the laws of the State	
		business e representa	ntity's tive	0,	Da	te	
Paid Preparer	Paid Prep	oarer	G				
Under penalties of perjury, I declare that I have examined the above taxpayer's payment information, and to the best of my knowled and belief, it is true, correct, and complete. I make this declaration based on all information of which I have knowledge.	Under per and belief	nalties of pe f, it is true, o	erjury, I declare that I have correct, and complete. I ma	examined the above taxpayer's ake this declaration based on al	payment information, and to the information of which I have k	the best of my knowledge nowledge.	
Paid preparer's signature	Sian		urer's		PT	IN	
Here Firm's name			ne <b>•</b>		Da	te	

KEEP THIS FORM FOR YOUR RECORDS - DO NOT MAIL TO THE FRANCHISE TAX BOARD (FTB)