Date Acce	epted .											
TAXABLE \	YEAR										_	FORM
202	0	Californi	ia e-f	ile R	eturn	Autho	rizat	ion '	for Pa	rtnershi	ips	8453-P
Partnership r	name								Ca	llifornia Secretary	y of State (So	OS) file number or FEIN
Part I Ta	ax Retu	urn Information (w	hole dolla	rs only)								
2 Ordinar 3 Tax due	y incor (Form	me (Form 565, line 1 565, line 33)	e 23) 					 			1 2 3	
Part II	Settle	Your Account Ele	ctronical	ly								
5 🗌 Elec	ctronic	funds withdrawal	5							e (mm/dd/yyyy	/)	
		ing Information (
6 Routing	g numb	per					_		of account:	☐ Checkin	g [5	Savings
Part IV	Decla	aration of Officer										
amount list Under pena (ERO), tran partnership partnership tax liability, accompany partnership the date with Sign Here Part V I declare th knowledge, however, th before tran and I have file for four available to and accom	Declar at I hat for smitting follower years the Financy in ground in the panying score and the properties of the Financy in th	or, or intermediate O California incoming a balance due rathership will remined hedules and state urn or refund is die refund was sent ignature of officer ration of Electron we reviewed the alim only an intermem FTB 8453-P accomined this return to the dall other require from the due date FB upon request. I	ank accorder that I and service properties that I and service properties that I and	unt specific an office rovider ar urn. To the nderstand for the tatransmitt authorize of the tatransmitt authorize of the providence of the providence of the providence of the paid of th	ried in Part er of the al er of the al end the amo e best of m d that if the ax liability a ted to the I e the FTB t ender, I under ended the pa in FTB Pub bur years fi d preparer,	Date Date	ship and to I above and belief ax Board able inter RO, transro my ERO parer. See the son for a more obtained and the partner ties of per see the soft per see the se	hat the gree witer, the p (FTB) d est and mitter, or inte	information th the amous artnership's oes not rece penalties. I r intermedia rmedia e se ctions. 8453-P are ble for revie partnership of all forms uthorized e- return is filed	I provided to rats on the corrats on the corrate return is true, live full and time authorize the particle provider provider provider provider officer's signal and information file Providers. I, whichever is I have examine	my electron esponding correct, ar nely payme partnership vider. If the r the reason correct to the ership's refeature on for in that I will I will keep later, and I ed the above	ic return originator lines of the nd complete. If the nt of the partnership's return and processing of the n(s) for the delay or the best of my turn. I declare, am FTB 8453-P
ERO Must Sign	ERO's	s .		\\ \tag{\frac{1}{2}}	9		Date		Check if also paid preparer	Check if self-employed	ERO's PTI	IN
		name (or yours employed)								FEIN		
		ddress									ZIP code	
		f perjury, I declare d belief, they are t										nts, and to the best o wledge.
Paid Preparer	Paid prepar signati						Date			Check if self- employed	Paid prepa	rer's PTIN
Must	Firm's	name (or yours								FEIN	•	
Sign	it self- and ac	employed) ddress								I .	ZIP code	