Date Acce	epted						
TAXABLE	YEAR						FORM
201	7 California e-file	e Return Authori	ization f	or Par	tnersh	ips	8453-P
Partnership	name				Ider	ntifying number	
Part I	ax Return Information (whole dollars o	only)					
1 Total in	come (Form 565, line 12)						
	y income (Form 565, line 23)						
	(Form 565, line 31)						
4 Refund	(Form 565, line 32)					.4	
Part II	Settle Your Account Electronically						
5 □ Elec	tronic funds withdrawal 5a Ar	mount	5b With	drawal date	(mm/dd/yyyy	/)	
Part III	Banking Information (Have you veri	fied the partnership's banking info	ormation?)				
6 Routing	number						
7 Accoun	t number		8 Type of acco	unt: 🗆 C	hecking	□ Savings	
Part IV	Declaration of Officer						
	the partnership's account to be settle		heck Part II, Box	5, I author	ize an electro	nic funds with	drawal for the
	ed on line 5a from the account spec		on and the state of the	f t! !			
	alties of perjury, I declare that I am an Ismitter, or intermediate service prov						
partnership	o's 2017 California income tax return	. To the best of my knowledge a	nd belief, the pa	rtnership's r	eturn is true,	correct, and c	complete. If the
	o is filing a balance due return, I unde the partnership will remain liable fo						
	ring schedules and statements be tra						
partnership	p's return or refund is delayed, I au	thorize the FTB to disclose to n	ny ERO or interr	nediate ser	vice provide	r the reason(s)	for the delay or
the date w	hen the refund was sent.						
Sign							
Here	Signature of officer	Date	Title				
	Signature of officer	Date	Title				
	Declaration of Electronic Return Ori	· · · · · · · · · · · · · · · · · · ·					
	at I have reviewed the above partner						
	. (If I am only an intermediate service nat form FTB 8453-P accurately refle						
transmittin	g this return to the FTB; I have provi	ded the partnership officer with	a copy of all for	ms and info	rmation that	I will file with t	he FTB, and I
	ved all other requirements described						
available to	years from the due date of the retur the FTB upon request. If I am also t	n or tour years trom the date the he naid preparer under penaltie	e partnersnip rei s of periury. I de	turn is tiled, clare that l	Wnichever is have examine	later, and I Willed the above no	₁I Make a copy artnershin's return
and accom	panying schedules and statements, a	and to the best of my knowledge					
based on a	II information of which I have knowle	edge.					
				Check if	Check	ERO's PTI	N
ERO Must Sign	ERO's signature			also paid preparer	if self- employed		
	Firm's name (or yours				FEIN		
	if self-employed) and address					ZIP code	
	alties of perjury, I declare that I have dge and belief, they are true, correct,						
Paid	Paid	,	Date			id preparer's PT	•
Preparer	nrenarer's			if s			
Must	Firm's name (or yours			l em	FEIN		
Sign	if self-employed)					ZIP code	
	and address					5546	