DO NOT MAIL THIS FORM TO THE FTB

TA	XABLE YEAR									FORM
	2024 (California	a e-file F	leturn Auth	oriza	atio	on for C	corporati	ons	8453-C
Cor	poration name							California Corp	oration No.,	CA SOS file no., or FEIN
Pá	art I Tax Ro	eturn Inform	ation (whole o	dollars only)						
1	Total income (Forr	n 100, line 9; Fo	rm 100S, line 8;	Form 100W, line 9 or	Form 10	OX, lin	ie 6)		1	
2	Taxable income (F	orm 100, line 22	; Form 100S, lin	e 20; Form 100W, line	22 or Fo	rm 10	00X, line 10)		2	
				rm 100W, line 39 or Fo						
				ine 45; Form 100W, lin)	4	
				cally for Taxable	Year 2	2024				
5	Direct deposit	of refund (For F	orms 100, 100S	, and 100W only.)						
6	Electronic fund	ds withdrawal								
	6a Tax amo	unt _				6b Withdrawal date (mm/dd/yyyy)				
	6c PTE amo	ount (for Form 1	00S only)			6d	Withdrawa	date (mm/dd/yyy	/y)	
Pa				ayments for Tax			2025			
	(Thes	e are not installn	nent payments fo	or the current amount t	he corpo	ration	owes.)			
		First Pa	ayment	Second Paym	nent		Third F	Payment	Fo	urth Payment
7	Amount									
8	Withdrawal Date (mm/dd/yyyy)									
Pa	art IV Pass	s-Through Ei	ntity (PTE) E	lective Tax Paym	nent fo	r Tax	able Year	2025 (for Forn	n 100S onl	y)
			Fi	rst Payment						
9	Amount									
10	Withdrawal date (mm/dd/yyyy)									
Pá	art V Bank	ing Informa	tion (Have you	verified the corporation	on's bank	ing in	formation?)			
11	Routing number									
12					13	Туре	of account:	Checking		Savings
Pá	art VI Dec	laration of C	Officer							
dep	osit refund agrees	with the authoriz	zation stated on	nated in Part II. If I chec my return. If I check Pa on Part III, line 7, and	art II. box	6. I au	ithorize an el	ectronic funds wit	hdrawal fo	or the amount listed on
tran Cali due rem tran	nsmitter, or interme ifornia income tax r e return, I understa nain liable for the ta nsmitted to the FTB	ediate service pro eturn. To the bes nd that if the Fra ax liability and all by the ERO, trans	ovider and the ar t of my knowledg Inchise Tax Board I applicable inter smitter, or interm	of the above corporation nounts in Part I above e and belief, the corpord (FTB) does not receives est and penalties. I aut nediate service provider e provider the reason	agree w ration's re /e full an horize th r. If the p i	th the eturn is d time e corp cocess	amounts on s true, correct ly payment o oration retur ing of the co	the correspondin t, and complete. If f the corporation's n and accompany rporation's return	g lines of the corpor s tax liabili ing schedu or refund	the corporation's 2024 ation is filing a balance ty, the corporation will lles and statements be

			e delay of the date when the reland was sent.		
Sign					
Here	Signature of officer	Date	Title		

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

I declare that I have reviewed the above corporation's return and that the entries on form FTB 8453-C 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 corporation's return. I declare, however, that form FTB 8453-C accurately reflects the data on the return.) I have obtained the corporate officer's signature on form FTB 8453-C before transmitting this return to the FTB; I have provided the corporate officer 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, 2024 Handbook for Authorized e-file Providers. I will keep form FTB 8453-C on file for **four** years from the date the corporation 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 corporation'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.

ER0	ERO's signature	Date	also paid	Check if self- employed	IERO'S PTIN	
Must Sign	Firm's name (or yours if self-employed)	·	Firm		irm's FEIN	
e.g	and address			Z	ZIP code	

Under penalties of perjury, I declare that I have examined the above corporation'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.

Paid Preparer	Paid preparer's signature		 Check if self- employed	Paid preparer's PTIN
Must Sign	Firm's name (or yours if self-employed) and address		Firm's FE	IN
orgn				ZIP code