| Date Accept | ed | | - | | | |
|-----------------------------------|------------------------|---|--|---|---|--|
| TAXABLE YEA | | FORM | | | | |
| 2024 | | <u> imited Liability</u> | Companies | | 0.111 | 8453-LLC |
| Limited liability | company r | name | | | California Secretary of Sta | te (SOS) file number or FEIN |
| Part I | Tax Re | turn Information (whole | dollars only) | | | |
| | | 568, Schedule B, line 12 or Fo | , | , | | |
| - | | Form 568, Schedule B, line 23 (line 19) | | , | | |
| | | Form 568, line 21) | | | | |
| Part II | | Your Account Electro | | | | |
| 5 🗌 Electro | nic fund | s withdrawal | · | | | |
| 5a Tax | c amount | | | | | |
| | E amoun | | | · · · · · · · · · · · · · · · · · · · | d/yyyy) | |
| Part III | | e Annual Tax or Estima s not an installment payment fo | | | U25 | |
| | | Annual Tax Payment | Estimated Fee Payment | | | |
| 6 Amount | | | | | | |
| 7 Withdrawa (mm/dd/y) | | | | | | |
| Part IV | | s-Through Entity (PTE) | Floctive Tay Dayment | for Tavahla Vo | ar 2025 | |
| Partiv | 1 433 | First Payment | LIGGUIVE TAX I AYIIIGIIL | TOT TAXABLE TE | ai 2025 | |
| 8 Amount | | , | | | | |
| 9 Withdrawa (mm/dd/yy | | | | | | |
| Part V | Banki | ing Information (Have yo | ou verified the LLC's banking in | nformation?) | | |
| 10 Routing nu | ımber | | | | | |
| 11 Account n | umber_ | | | 12 Type of | account: Checking | ∫ Savings |
| Part VI | Decl | aration of Authorized l | Member or Manager | | | |
| | on line | liability company account to b 5a, line 5c, any 2025 annual ta art V. | | | | |
| to my electron | nic returi | ury, I declare that I am an auth n originator (ERO), transmitte the limited liability company's 2 | r, or intermediate service prov | vider and the amoun | ts in Part I above agree | e with the amounts on the |
| return is true, not receive fu | correct, Il and tin | and complete. If the limited lia nely payment of the limited liab | bility company is filing a balar pility company's tax liability, th | nce due return, I und ne limited liability con | erstand that if the Franc mpany will remain liable | hise Tax Board (FTB) does for the tax liability and all |
| | | l penalties. I authorize the limit r, or intermediate service provi | | | | |
| | | ERO or intermediate service | | | | |
| Sign | | | | | | |
| Here | Signatu | ure of authorized member or manaç | ger Date | Title | | |
| | | | | | | |

Part VII 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, 2024 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.

| EKU Must Sign | ERO's signature | Date | Check if also paid preparer | Check if self- employed | ERO's PTIN |
|---------------------|---|------|-----------------------------|-------------------------|----------------------|
| | Firm's name (or yours if self-employed) | | | Firm's FEIN | |
| | and address | | | | ZIP code |
| | alties of perjury, I declare that I have examined the above limited liab of my knowledge and belief, they are true, correct, and complete. I n | , , | | . , , | • |
| Preparer | Paid preparer's signature | Date | | Check if self- employed | Paid preparer's PTIN |
| Sian | Firm's name (or yours if self-employed) | | | Firm's FEIN | |
| | and address | | | | ZIP code |