2023

Limited Liability Company Return of Income

568

202357110919 SESH 931391218 23 TYB 01-01-2023 TYE 12-31-2023 SESHU REDDYS LLC

1928 EVERGLADES DR MILPITAS CA 95035

ACCTMETHOD 1 05-10-2023 ASSETS 0. INITIAL 1 FINAL 0 AMENDED 0

I (1) During this taxable year, did this LLC acquire control or majority ownership (more than a 50% interest) in another legal entity?

		es, did the acquired entity(ies) own California real property (i.e., land, buildings), lease such property for a term of 35 years nore, or lease such property from a government agency for any term? If yes to both questions, answer yes • • • • •		•	Yes	X	N
(2)	Dur inte If ye	ring this taxable year, did another person or legal entity acquire control or majority ownership (more than a 50% rest) of this LLC or any legal entity in which the partnership holds a controlling or majority interest? es, did the acquired entity(ies) own California real property (i.e., land, buildings), lease such property for a term of years or more, or lease such property from a government agency for any term? If yes to both questions, answer yes		•	Yes	X	
(3)		s California real property (i.e., land, buildings) transferred to the LLC that was excluded from property tax ssessment under Revenue and Taxation Code Section 62(a)(2)?					
	or n	es, during this taxable year, has more than 50% of the LLC's ownership interests cumulatively transferred in one nore transactions and it was not reported on a previous year's tax return? If yes to both questions, answer yes · · · ·		•	Yes	X	N
	(Ye	es requires filing of BOE-100-B statement, penalties may apply - see instructions.)					
	Con	plete Schedule IW, LLC Income Worksheet (on Side 7) first to determine line 1.		Whole	dollars o	only	
	1	Total income from Schedule IW, Limited Liability Company Income Worksheet. See instructions • • • •	1		6640)6	00
	2	Limited Liability Company fee. See instructions · · · · · · · · · · · · · · · · · · ·	2				00
	3	2023 annual Limited Liability Company tax. See instructions •	3				00
	4	Pass-through entity elective tax. See instructions · · · · · · · · · · · · · · · · · · ·	4				00
e,	5	Nonconsenting nonresident members' tax liability from Schedule T (Side 4) · · · · · · · · · · · · · •	5				00
staple,	6	Partnership level tax. If IRS concluded a centralized audit for this year, see instructions. If not, leave blank.●	6				00
t t	7	Total tax and fee. Add line 2, line 3, line 4, line 5, and line 6 · · · · · · · · · · · · · · · · · ·	7				00
ut do not payment.	8	Amount paid with form FTB 3537 and 2023 form FTB 3522 and form FTB 3536 · · · · · · · · · · · •	8				00
it d	9	Amounts paid for pass-through entity elective tax	9				00
Enclose, but do not any payment.	10	Overpayment from prior year allowed as a credit · · · · · · · · · · · · · · · · · · ·	10				00
ose al	11	Withholding (Form 592-B and/or 593)	11				00
헏	12	Total payments. Add line 8, line 9, line 10 and line 11 · · · · · · · · · · · · · · · · · ·	12				00
Ш	13	Use tax. This is not a total line. See instructions	13			0	00
	14	Payments balance. If line 12 is more than line 13, subtract line 13 from line 12 · · · · · · · · · · · · •	14				00
	15	Use tax balance. If line 13 is more than line 12, subtract line 12 from line 13 · · · · · · · · · · · •	15				00
	16	Tax and fee due. If line 7 is more than line 14, subtract line 14 from line 7 · · · · · · · · · · · · · · · · · ·	16				00
	17	Overpayment. If line 14 is more than line 7, subtract line 7 from line 14	17				00

_		Wi	nole dollars	only
	18 Amount of line 17 to be credited to 2024 tax or fee · · · · · · · · · · · · · · · · · ·	18		00
	19 Refund. If the total of line 18 is less than line 17, subtract the total from line 17 • 19			.00
	20 Penalties and interest. See instructions	20		.00
J	Principal business activity code (Do not leave blank) · · · · · · · · · · · · · · · · · · ·	•	5415	
	Business activity SOFTWAR COSULT Product or service SERVICE			
K	Enter the maximum number of members in the LLC at any time during the year. For multiple member LLCs, attach a California Schedule K-1 (568) for each of these members	•		1
L	Is this LLC an investment partnership? See General Information O	•	Yes	X No
M	(1) Is this LLC apportioning or allocating income to California using Schedule R?	•	Yes	X No
	(2) If "No," was this LLC registered in California without earning any income sourced in this state during the taxable year	ar? .	Yes	X No
N	Was there a distribution of property or a transfer (for example, by sale or death) of an LLC interest during the taxable y	rear?	Yes	X No
P	(1) Does the LLC have any foreign (non-U.S.) nonresident members?	•	Yes	X No
	(2) Does the LLC have any domestic (non-foreign) nonresident members?	•	Yes	X No
	(3) Were Form 592, Form 592-A, Form 592-B, Form 592-F, and Form 592-PTE filed for these members?	•	Yes	X No
Q	Are any members in this LLC also LLCs or partnerships?	•	Yes	X No
R	Is this LLC under audit by the IRS or has it been audited in a prior year?	•	Yes	X No
S	Is this LLC a member or partner in another multiple member LLC or partnership?	•	Yes	X No
Т	Is this LLC a publicly traded partnership as defined in IRC Section 469(k)(2)?	•	Yes	X No
U	(1) Is this LLC a business entity disregarded for tax purposes?(2) If "Yes," see instructions and complete Side 1, Side 2, Side 3, Schedule B, Side 5, and Side 7, if applicable. Are the		X Yes	No
	credits or credit carryovers attributable to the disregarded entity?	than	Yes	X No
v	the LLC's total income from all sources?	• • •	Yes	X No
V	Has the LLC included a Reportable Transaction, or Listed Transaction within this return? (See instructions for definitions). If "Yes," complete and attach federal Form 8886 for each transaction	•	Yes	X No
w	Did this LLC file the Federal Schedule M-3 (federal Form 1065)?	•	Yes	X No
X	Is this LLC a direct owner of an entity that filed a federal Schedule M-3?	•	Yes	X No
Y	Does the LLC have a beneficial interest in a trust or is it a grantor of a Trust?	•	Yes	X No
Z	Does this LLC own an interest in a business entity disregarded for tax purposes?	•	Yes	X No
AA	Is any member of the LLC related (as defined in IRC Section 267(c)(4)) to any other member of the LLC?	•	Yes	X No
ВВ	Is any member of the LLC a trust for the benefit of any person related (as defined in IRC Section 267(c)(4)) to any other member?	•	Yes	X No

(continued on Side 3)

(continuea	trom Side 2)						
		come from the disposition of					• YesX No
(2) If "Y	es," enter the year of a	asset disposition					•
(see ins	tructions)	deferred Income from:		lment Sale ●	IRC §1031	• X IRC §1033	• X Other
EE "Doing I	ousiness as" name. Se	e instructions:	•				
Lim (2) If "Y	ited Partnership, or Sol	another entity type such as a le Proprietorship in the previo N(s) if different, business nam RS (see instructions):	ous five (5) year	s?			• YesX No
GG (1) Has	s this LLC previously op	perated outside California?					• YesX No
(2) Is th	nis the first year of doing	g business in California?					• YesX No
HH Is the LI	LC a section 721(c) pa	rtnership, as defined in Treas	sury Regulations	s Section 1.721(c)-1	Γ(b)(14)? ·		· · YesX No
•	•	, were there any transfers be gulations section 1.707-8?			•		· · ☐ YesX No
JJ Check if	` ' 	gregated activities for IRC Secured activities for IRC Section					
		eviously filed an unclaimed p			e State Contro t last remitted		• Yes No
Single Men	nber LLC Information	and Consent - Complete o	nly if the LLC is	disregarded.		• Federal TIN/SSN	24-88-7197
_	ame (as shown on owner's ret		ORMATION - S	SEE FORM CASMLL	C	FEIN/CA Corp no./CA SOS	
1928	EVERGLADES		CA 95	035			
	City, State, and ZIP Code	ate owner of this SMLLC? Se	o inetructions (hock only one hov:			
(1) In	pe of entity is the utilina ndividual state/Trust	(2) C Corporation (5) Exempt Orga	n 🗓 (3		corporation, pa	artnership, LLC classi	fied as a partnership
	nsent Statement: I conser ne Franchise Tax Board.	nt to the jurisdiction of the State of	of California to tax	my LLC income and ag	gree to file returr	ns and pay tax as may be	e
Signature >					Date 2(024-05-29	
	1131 to locate FTB 1131 EN Under penalties of perjury, I	ound in annual tax booklets or online. N-SP, Franchise Tax Board Privacy No declare that I have examined this ret aration of preparer (other than taxpay	otice on Collection. T urn, including accom	o request this notice by ma panying schedules and sta	ail, call 800.338.05 tements, and to th	05 and enter form code 948 e best of my knowledge and	when instructed.
Sign	Signature of authorized member or manager	A SESHU REDDY	CHEEDEP	UDI 05	- -29-202	4 Telephone	
Here	Authorized member or mana	ager's email address (optional)	SESHULLC@G	MAIL.COM		• 408-657	-3748
Paid	Paid preparer's signature ▶			Date 05-29-2024	Check if self-employed X	<u> </u>	77
Preparer's Use Only	Firm's name (or yours, if self-employed)	ISMAT BOOKKEE	GE MALL		VICE	Firm's FEIN • 8 2 - 2 3 8 4 Telephone	
	May the ETP discuss	PLEASANTON, C		and instructions)?		925-918 ■ Ves	

043 3673234 Form 568 2023 **Side 3**

Sch	edu	le A	Cost of Goods Solo	d							
1 I	nvent	ory at	beginning of year						1		00
2 F	Purcha	ases l	ess cost of items withdo	rawn for personal use					2		00
									3		00
				Attach schedule					4		00
									5		00
									6		00
7 I	nvent	ory at	end of year · · · ·						7		00
8 (Cost	of go	ods sold. Subtract line	7 from line 6. Enter here	and on Schedule	B, line 2			8		00
9 a			Il methods used for valu	• •							
		Co	· · · —	cost or market as descri	_				"subnorma	" goods as	
				on 1.471-2(c) (4) 🗓 Otl							
				ntory method was adopted	-					_	
				BA (with respect to proper							No
•				an for IRC Section 263A							
				attach explanation						Yes	No
	edu										
Caut	ion:	Includ		ss income and expenses					more inform		
		1	a Gross receipts or sa	ales \$66,406 b Les	ss returns and allo	wances S	\$ c B	alance •	1c	66,406	00
		2		chedule A, line 8) · · · ·				_	2		00
		3		stract line 2 from line 1c					3	66,406	00
		4	·	from other LLCs, partners					4		00
ē		5		m other LLCs, partnership					5		00
Income		6		h federal Schedule F (Fo					6		00
<u>=</u>		7		federal Schedule F (Forn					8		00
		8 Total gains included on Schedule D-1, Part II, line 17 (gain only)									00
		 9 Total losses included on Schedule D-1, Part II, line 17 (loss only)							9		00
		10							10		00
		11		edule					11		00
		12		Combine line 3 through l					12	66,406	00
		13	• ,	ther than to members)				_	13		00
		14		to members				•	14		00
		15							15		00
		16		pense not claimed elsewh				· · •	16		00
Su		17		mortization. Attach form I			_				
eductions				eported on Schedule A a					17c		00
p e				uct oil and gas depletion				• • • •	18		00
۵									19		00
		20	1 , 1 0	grams · · · · · · · · · · · · · · · · · · ·					20	2 007	00
		21		ch schedule · · · · · ·					21	3,927	00
		22		ld line 13 through line 21					22	3,927	00
Sch	edu	23 Io T) from trade or business a					23	02,479	00
JUI	euu	16 1		nresident Members' Tax					(6)	(-)	
		Mo	(a) mber's name	(b)	(c)	(d)	(e)		(f)	(g)	
		ivie	mber s name	SSN, ITIN, or FEIN	Distributive share of income	Tax rate	Member's total tax due		thheld by this nis member -	Member's net tax due	•
							(see instructions)		n Form 592-B		
Total	the a	mour	it of tax due. Enter the t	otal here and on Side 1, li	ine 4 If less than 7	rero enter -	.0				
· Ju	0			otal floro and on oldo 1, li			· · · · · · · · ·				

$\label{eq:chedule K} \textbf{Schedule K} \quad \textbf{Members' Shares of Income, Deductions, Credits, etc.}$

			Dis	(a) stributive share items	3			(b) Amounts federal K	from	(c) Califorr adjustme			(d) mounts using fornia law
	1	Or	dinary income (loss) fron	trade or business	activities · · ·		1	•	0		0 (•	0
	2	Ne	et income (loss) from rent	al real estate activit	ties. Attach federal	Form 8825	2	(9			(•	
	3	а	Gross income (loss) from	m other rental activ	ities		3a	0				9	
		b	Less expenses. Attach	schedule · · ·			3b						
		С	Net income (loss) from	other rental activitie	s. Subtract line 3b								
			from line 3a · · · ·				3с	(•	
	4	Gu	uaranteed payments a				4a						
_	·		Capital • • • • • •				4b						
Income (Loss)			Total				_	©				•	
<u>)</u>	5		terest income				5	0				•	
ae	9						6	0				•	
<u>S</u>	7		vidends				_	+=				•	
=	7		oyalties • • • • • •				7	0				•	
	8		et short-term capital gain				8	<u> </u>				•	
	9		et long-term capital gain (9	<u> </u>					
	10		Total gain under IRC Se			•		¥				•	
			Total loss under IRC Se		-	·	10b	+=				•	
	11		Other portfolio income (11a	+=				9	
		b	Total other income. Atta	ch schedule · ·			11b	+=				<u> </u>	
		С	Total other loss. Attach	schedule · · ·			11c	¥				9	
	12	Ex	pense deduction for reco	very property (IRC	Section 179). Atta	ch schedule	12	<u> </u>				<u> </u>	
	13	а	Cash contributions				13a	(<u> </u>	
		b	Noncash contribution	s			13b	(9			(•	
ons		С	Investment interest ex	xpense · · · ·			13c	(9				•	
ള		d	1 Total expenditures to	which IRC Section	59(e) election may	apply • •	13d	10			(•	
Deductions			2 Type of expenditures				13d2	2					
		е	Deductions related to po	ortfolio income			13e	(9			C	•	
		f	Other deductions. Attac	h schedule · · ·			13f	(9			O	•	
	15	а	Withholding on LLC allo	cated to all membe	ers		15a					•	
		b	Low-income housing cre	edit • • • • •			15b				0	•	
		С	Credits other than the c	redit shown on line	15b related to rent	al real							
Credits			estate activities. Attach	schedule · · ·			15c				(•	
ဦ		d	Credits related to other	rental activities. Att	ach schedule · ·		15d				Ō	9	
		е	Nonconsenting nonresid	dent members' tax i	paid by LLC		15e				-	9	
		f	Other credits. Attach sc		-		15f					•	
_	17	а	Depreciation adjustmen				17a				(•	
mn su		b	Adjusted gain or loss •				17b					9	
Minin Iter		С	Depletion (other than oi				17c					9	
Alternative Minim Tax (AMT) Items				· ,			17d					9	
ax (e	Deductions allocable to	-			17a					9	
Alte		f	Other alternative minim	-			17e					9	
	18		Tax-exempt interest inc				171 18a					9	
_	10						18b					•	
Other Information			Other tax-exempt incom				18c						
μat	10		Nondeductible expense									9	
Į Į	19		Distributions of money (•		19a					9	
든	20		Distribution of property				19b					<u>) </u>	
the l	20		Investment income				20a					<u>) </u>	
ō			Investment expenses.				20b					<u> </u>	
			Other information. See i				20c				C	•	
	21	а	Total distributive income										
Sis.			through 11c. From the r	esult, subtract the s		_	21a	(•	
Analysis		b	Analysis of members:	(a)		dividual		(c)		(d)	(e)		(f)
₹			Members	Corporate 0	i. Active	ii. Passive	0	Partnership	0 (e)	ot Organization 0	Nominee	Other 0	LLC

043 3675234 Form 568 2023 **Side 5**

Schedule L Balance Sheets. See instructions before completing Schedules L, M-1, and M-2.

		Begini	ning o	taxable year		End of tax	able year	
	Assets	(a)		(b)	(0	c)		(d)
1	Cash						0	
2	a Trade notes and accounts receivable							
	b Less allowance for bad debts · · · · · · · ·	()		()		
	Inventories						•	
4	U.S. government obligations · · · · · · · · · ·							
5	Tax-exempt securities							
6	Other current assets. Attach schedule						•	
7	a Loans to members							
	b Mortgage and real estate loans							
8	Other investments. Attach schedule						•	
9	a Buildings and other depreciable assets							
	b Less accumulated depreciation · · · · · ·	()	0	()	•	
10	a Depletable assets · · · · · · · · · · · · · · · · · · ·							
	b Less accumulated depletion · · · · · · · · ·	()	_	()		
11	Land (net of any amortization) · · · · · · · · ·			<u> </u>			•	
12	a Intangible assets (amortizable only) · · · · ·							
	b Less accumulated amortization	()		()		
13	Other assets. Attach schedule						•	
14	Total assets · · · · · · · · · · · · · · · · · · ·							
	Liabilities and Capital							
	Accounts payable						•	
	Mortgages, notes, bonds payable in less than 1 year • •						•	
17	Other current liabilities. Attach schedule • • • • •						9	
18	All nonrecourse loans			<u> </u>			•	
19	a Loans from members							
	b Mortgages, notes, bonds payable in 1 year or more			<u> </u>			•	
	Other liabilities. Attach schedule						•	
	Members' capital accounts			<u> </u>			•	
	Total liabilities and capital							
Sc	hedule M-1 Reconciliation of Income (Loss							v. See inst.
1	Net income (loss) per books)	6	Income recorded on bo	-		on	
2	Income included on Schedule K, line 1 through line 11c			Schedule K, line 1 throu	_	emize:		
	not recorded on books this year. Itemize			a Tax-exempt interest	= -			
3	Guaranteed payments (other than health insurance) • (e)		b Other · · · · · ·			_	
4	Expenses recorded on books this year not included			c Total. Add line 6a ar			·•	
	on Schedule K, line 1 through line 13f. Itemize:		7	Deductions included on	•	Ū		
	a Depreciation · · · · · • • \$			not charged against bo	_	s year. Itemiz	ze:	
	b Travel and entertainment (e) \$			a Depreciation				
	c Annual LLC tax · · · · • \$			b Other • • • • • •	_			
	d Other			c Total. Add line 7a ar			7——	
_	e Total. Add line 4a through line 4d · · · · ·			Total. Add line 6c and li			\sim	
5	Total of line 1 through line 4e · · · · · · · · · · · · · · · · · ·			Income (loss) (Schedule K, line	e 21a.) Subtract lin	ne 8 from line 5	O	
	hedule M-2 Analysis of Members' Capital A				- 4			
1	Balance at beginning of year	·		Total of line 1 through li				
2	Capital contributed during year		0		sh • • • • •			
	a Cash				operty · · · ·			
2	b Property			Other decreases. Itemiz				
	Net income (loss) per books			Total of line 6 and line 7			_	
<u>4</u>	Other increases. Itemize		_	Balance at end of year				Ownerfier III
	hedule O Amounts from Liquidation used to O		ea Lia	DIIITY COMPANY. (Compl	ete only if initial re	turn box is chec	ked on Side 1,	Question H.)
	me of entity liquidated (if more than one, attach a sch	_ ·	1 (0.11	wite d Dente contri	ы. В Г	7 (0) 5		
	De of entity: (1) C Corporation (2) S Corporation ity identification number(s): FEIN	(3) Partnership SSN or ITIN			ole Proprietor	(6) Farmer		
				CA Corp. No		CA SO	JS File No	
ΑM	ount of liquidation gains recognized to capitalize the	LLC · · · · ·					•	

 Side 6 Form 568 2023
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 3676234

Schedule IW Limited Liability Company (LLC) Income Worksheet

Enter your California income amounts on the worksheet. All amounts entered must be assigned for California law differences. **Use only amounts that are from sources derived from or attributable to California when completing lines 1-17 of this worksheet.** If your business is both within and outside of California, see Schedule IW instructions to assign the correct amounts to California. If the LLC is wholly within California, the total income amount is assigned to California and is entered beginning with line 1a. If the single member LLC (SMLLC) does not meet the 3 million criteria for filing Schedule B (568) and Schedule K (568), the SMLLC is still required to complete Schedule IW. Disregarded entities that do not meet the filing requirements to complete Schedule B or Schedule K should prepare Schedule IW by entering the California amounts attributable to the disregarded entity from the member's federal Schedule B, C, D, E, F (Form 1040), or additional schedules associated with other activities. **Do not enter amounts on this worksheet that have already been reported by another LLC to determine its fee.**

See instructions on page 14 of the Form 568 Booklet for more information on how to complete Schedule IW.

1	а	Total California income from Form 568, Schedule B, line 3. See instructions $\cdots \cdots \odot$ 1a 66 , 4	06			
	b	Enter the California cost of goods sold from Form 568, Schedule B, line 2 and from federal				
		Schedule F (Form 1040) (plus California adjustments) associated with the receipts				
		assigned to California on lines 1a and 4 · · · · · · · · · · · · · · · · · ·				
2	а	If the answer to Question U(1) on Form 568 Side 2, is "Yes", include the gross income of this				
		disregarded entity that is not included in lines 1 and 8 through 16 · · · · · · · · · · · · · • • 2a				
	b	Enter the cost of goods sold of disregarded entities associated with the receipts assigned to				
		California on line 2a				
3	а	LLC's distributive share of ordinary income from pass-through entities • • 3a				
	b	Enter the LLC's distributive share of cost of goods sold from other pass-through entities				
		associated with the receipt assigned to California on line 3a (see Schedule K-1s (565),				
		Table 3, line 1a)				
	С	Enter the LLC's distributive share of deductions from other pass-through entities associated with				
		the receipt assigned to California on line 3a (see Schedule K-1s (565), Table 3, line 1b) • • 3c				
4	Ad	d gross farm income from federal Schedule F (Form 1040). Use California amounts • 4				
5	En	ter the total of other income (not loss) from Form 568, Schedule B, line 10 · · · · · · · · · · • • 5				
6	En	ter the total gains (not losses) from Form 568, Schedule B, line 8 · · · · · · · · · · · · · · · · · ·				
7	Ad	d line 1a through line 6 · · · · · · · · · · · · · · · · · ·	0	7	66,4	06
8	Ca	lifornia rental real estate				
	а	Enter the total gross rents from federal Form 8825, line 18a				
	b	Enter the total gross rents from all Schedule K-1s (565), Table 3, line 2 · · · · · · · · · · · · · · · · · ·				
	С	Add line 8a and line 8b	0	8c		
9	Otl	her California rentals.				
	а	Enter the amount from Schedule K (568), line 3a · · · · · · · · · · · · · · · · · • • 9a				
	b	Enter the amount from all Schedule K-1s (565), Table 3, line 3 · · · · · · · · · · · · · · · · · ·				
	С	Add lines 9a and 9b · · · · · · · · · · · · · · · · · ·	<u></u>	9c		
10	Ca	lifornia interest. Enter the amount from Form 568, Schedule K, line 5 · · · · · · · · · · · · · · · · · ·	⊚	10		
11	Ca	lifornia dividends. Enter the amount from Form 568, Schedule K, line 6 · · · · · · · · · · · · · · · · · ·	⊚	11		
12	Ca	lifornia royalties. Enter the amount from Form 568, Schedule K, line-7	⊚	12		
13	Ca	lifornia capital gains. Enter the capital gains (not losses) included in the amounts from Form 568,				
	Sc	hedule K, lines 8 and 9 · · · · · · · · · · · · · · · · · ·	⊚	13		
14	Ca	lifornia 1231 gains. Enter the amount of total gains (not losses) from Form 568, Schedule K, line 10a · · · · · ·	(9)	14		
15	Otl	her California portfolio income (not loss). Enter the amount from Form 568, Schedule K, line 11a · · · · · · ·	⊚	15		
16	Otl	her California income (not loss) not included in line 5. Enter the amount from Form 568, Schedule K, line 11b ·	⊚	16		
17	To	tal California income. Add lines 7, 8c, 9c, 10, 11, 12, 13, 14, 15, and 16. Line 17 may not be a negative number.				
	Fn	ter here and on Form 568. Side 1. line 1. If less than zero enter -0-	(a)	17	66 4	06

043 3677234 Form 568 2023 **Side 7**

Federal ITIN 9	
SSN 9	024-88-7197
S0S Number 12 · · · · · · · ·	
CA Corporation number 7	
FEIN 9	
LLC Temp number 9	
Not Applicable 50	
Business Name Line 1 75	SESHU REDDY'S LLC
Business Name Line 2 75	
Individual Name 35	
F Address Line 1 35	
F Address Line 2 35	
F City 50	
F Province 17	
F Country 2	_
F Postal Code 16	
US Address Line 1 35 · · · · · · ·	1928 EVERGLADES DR
US Address Line 2 35 · · · · · · ·	
US City 22	Milpitas
US State 2	
US Zip Code 16 · · · · · · · · · · · ·	
Consent Date 10 · · · · · · · ·	2024-05-29
Title 100	SOLE MEMBER
Entity Type	Pass Through
Explain 30 · · · · · · · · · · ·	

Return 024 - 88 - 7197

CA 568 Schedule Q Additional Information

Page 1

G. Accounting Method Additional Information

J. K-1s Filed

Filed by Mag Media {5} · · · · · · · · false

K1 Mag Media Count · · · · · · · ·

Date Accepted_		_		
TAXABLE YEAR	California e-file l	Return Authorization for		FORM
2023	Limited Liability			8453-LLC
Limited liability comp	•			e (SOS) file number or FEIN
SESHU RED			9313912	18
	Return Information (whole	• • • • • • • • • • • • • • • • • • • •		
		Form 568, line 1 for Single Member LLCs)		66,406
•	•	or Form 568, line 1 for Single Member LLCs)		66,406
				_
Part II Settl	e Your Account Electroni	cally for Taxable Year 2023.		
6 Electronic f	unds withdrawal			
6a Tax du	<u> </u>			
6c PTE ar	nount due	6d Withdrawal date (mm/dd/yyyy)		
Part III Make	e Annual Tax or Estimated	d Fee Payment for Taxable Year 20	024	
This is	not an installment payment for the	ne current amount the LLC owes.		
	Annual Tax Payment	Estimated Fee Payment		
7 Amount				
8 Withdrawal dat	e			
(mm/dd/yyyy)				
Part IV Pass	s-Through Entity (PTE) Ele	ective Tax Payment for Taxable Ye	ear 2024	
	First Payment			
9 Amount				
10 Withdrawal dat (mm/dd/yyyy)	е			
Part V Banl	king Information (Have you	verified the LLC's banking information?)		
11 Routing number	er			
12 Account numb	er		pe of account: Checkin	g 🗌 Savings
Part VI Decl	aration of Authorized Mei	mber or Manager		
I authorize the limi	ted liability company account to be	e settled as designated in Parts II, III, IV, and V. y 2024 annual tax or estimated fee payment an		
to my electronic re corresponding line return is true, corre not receive full and	atum originator (ERO), transmitter, sof the limited liability company's act, and complete. If the limited liability timely payment of the limited liability and penalties. I authorize the limitemitter, or intermediate service pro-	norized member or manager of the above limited or intermediate service provider and the amount 2023 California income tax return. To the best of ility company is filing a balance due return, I used liability company's tax liability, the limited liability coded liability company return and accompanying solvider. If the processing of the limited liabilities provider the reason(s) for the delay or the	nts in Part I above agree with to fmy knowledge and belief, the nderstand that if the Franchise ompany will remain liable for the schedules and statements be to the company's return or refure the schedules and statements be to the company's return or refure the schedules and statements be to the company's return or refure the schedules and statements be to the company's return or refure the schedules and schedules and schedules and schedules and schedules are the schedules and schedules and schedules are the schedules and schedules are the schedules and schedules are the schedules	the amounts on the the amounts on the the limited liability company's the Tax Board (FTB) does the tax liability and all the transmitted to the FTB the dis delayed, I authorize the
by my ERO, trans FTB to disclose to	o my EKO or intermediate servic			
by my ERO, trans	o my ERO or intermediate service	05-29-2024	SOLE MEMBER	

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, 2023 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.

ERO	ERO's signature		Date 05-29-2024	Check if also paid preparer	Check if self- Employed	P00332777				
Must Sign	Firm's name (or yours			Firm's FEIN	-2384852					
Sign	if self-employed) and address	6200 STONERIDGE MA	DGE MALL RD STE300 z							
Under penalti	PLEASANTON , CA 94588 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 beli	ef, they are true, correct, and complete.	I make this declaration	on based on all in	nformation of w	rhich I have knowledge.				
Paid Preparer	Paid preparer's signature		Date		Check if self- employed	Paid preparer's PTIN				
Must Sign	Firm's name (or yours if self-employed)	Firm's FEIN								
	and address					ZIP code				