Form **PA-8453** 

## PENNSYLVANIA INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

2017

(EX) 0	5-17	For the year Jan. 1 -	- Dec. 31, 2017			
	Primary Taxpayer's Social Security Number		Secondary Taxpayer's	Social Security Numb	per	
Print	Last Name Primary Taxpayer's Name, Initial; Secondary Taxpayer's First Name, Initial; Secondary Taxpayer's Last Name (only if different)					
or Type	Home Address (Number and Street including Rura	Route or P.O. Box)				
	City, Town or Post Office		S	State	ZIP Code	
Check	The above information must match that	at on the electronic r	eturn exactly.			
Proper Filing Status	S ☐ Single M ☐ Married, Filing Separately	J ☐ Married, Filing J	ointly <b>D</b> □ Dec <b>F</b> □ Fina		Daytime Telephone Number	
Part I	Tax Return Information (Enter	whole dollars only.)				
	1. Adjusted PA taxable income (Form					
	2. PA tax liability (Form PA-40, Line 1					
	<ul><li>3. Total PA tax withheld (Form PA-40,</li><li>4. Amount to be refunded (Form PA-4</li></ul>	*			3	
	5. Total payment (tax due) (Form PA-4					
Part II	Direct Deposit of Refund or E					
STAPLE COPY OF STATE W-2(s), W-2G and 1099(s) HERE	6. Routing transit number (RTN)		The fire	st two numbers of t hrough 12 or 21 thr	he RTN must	
	7. Depositor account number (DAN)					
	8. Type of account:	☐ Checking	☐ Savings			
ST/ ST/	9. Debit date					
Part III	<b>Declaration of Taxpayers</b> (Signature 1)	gn only after Part I is	complete.)			
		a. I consent for my refund to be directly deposited as designated in Part II and declare all information shown on Lines 6 through 8 is correct. I certify the ultimate destination of the funds is within the U.S. or one of its territories. If I have filed a joint return, this is an irrevocable appointment of the other Taxpayer as an agent to receive the refund.				
If I have filed	the processing of my electronic pay my payment. I certify the funds for thi	ent of Revenue and its designals of authorize my financi ment of taxes to receive or swithdraw are originating frow to f Revenue no later than the evok@pa.gov or fax to 717-	gnated financial agents to in al institution to debit the er onfidential information nec om an account within the U. wo business days prior to the 772-9310.	ntry to my account an essary to answer inc S. or one of its territor ne payment (settlemen	d the financial institutions involved in quiries and resolve issues related to ies. I may revoke this authorization by nt) date. I understand notification must	
	erest and penalties. If I have filed a joint federal and er penalties of perjury that I have compared the infor					
on my 2017 F and statemen prepare and	A Tax Return (PA-40). To the best of my knowledge, must to the Internal Revenue Service (IRS) and the IRS to transmit my return electronically, I consent to the disk to the PA Department of Revenue. If I am filing from a	y return is true and complete. o subsequently send them to closure of all information per	I authorize my electronic reto the PA Department of Reve taining to my use of the sys	urn originator to send r enue. In addition, by us stem and software an	ny return and accompanying schedules ing a computer system and software to d to the transmission of my tax return	
Sign 🛦 .		_				
Here 🔻	Primary Taxpayer	Date	Secondary Taxpayer		Date	
signature on PA Departme of Individual	Declaration of Electronic Return to the PA Depart of Revenue and followed all other requirements splan Returns (Tax Year 2017). If I am the preparer, und and to the best of my knowledge, they are true and countries to the best of my knowledge, they are true and countries to the best of my knowledge, they are true and countries to the best of my knowledge, they are true and countries to the best of my knowledge, they are true and countries to the best of my knowledge, they are true and countries to the best of the second countries to the second countrie	and that the entries on this intment of Revenue. I provid ecified by the PA Departmer er penalty of perjury, I declar	form are complete and cored the taxpayer with a copy at of Revenue and described that I examined the above	rect to the best of my of all forms and information of the IRS Publications of	w knowledge. I obtained the taxpayer's mation to be filed with the IRS and the in 1345, Handbook for Electronic Filers turn and accompanying schedules and	
ERO's	ERO's signature	Date		eck if f-employed   Ell	N/SSN or PTIN	
Use Only	Firm's name (or yours, if self-employed) and	•	1	Daytime Telephone N	Number	
	address •  Preparer's signature	Date		eck ifEI	N/SSN or PTIN	
Paid Preparer'	Firm's name (or yours,		paid preparer 🔲 sel	f-employed 🔲		
Use Only	if self-employed) and address			Daytime Telephone N	Number	





## Pennsylvania Department of Revenue 2017

### **Instructions for PA-8453**

Individual Income Tax Declaration for Electronic Filing

PA-8453 IN (EX) 05-17

#### **FILING OF FORM PA-8453**

If a taxpayer elects not to use the federal self-select PIN or a return is filed without a federal return, electronic return originators (EROs) and transmitters must retain completed Forms PA-8453 and supporting documents for three years after the due date of the return or the date the return was filed electronically, whichever is later. EROs and transmitters must make the documents available to the PA Department of Revenue upon request. Do not mail Form PA-8453 and attachments to the PA Department of Revenue unless requested.

NOTE: If an ERO or transmitter closes its business, it must mail all forms to the following address with a letter of explanation.

PA DEPARTMENT OF REVENUE BUREAU OF INDIVIDUAL TAXES ELECTRONIC FILING SECTION PO BOX 280507 HARRISBURG PA 17128-0507

Any taxpayer filing electronically from a home computer must keep the signed Form PA-8453 and supporting documents for three years after the due date of the return or the date the return was filed electronically, whichever is later. Taxpayers must make the documents available to the PA Department of Revenue upon request. Do not mail Form PA-8453 and attachments to the PA Department of Revenue unless requested.

#### LINE INSTRUCTIONS FORM 8453

**Submission ID -** The Submission ID is a 20-digit number assigned by the ERO to a taxpayer's return.

Name, Address and Social Security Number Print or type the taxpayer's name (last name first) and complete address including ZIP code. In the spaces provided, enter the taxpayer's Social Security number and that of the spouse, if applicable. If a husband and wife use different last names, please separate the names. For example, Paul A. Smith and Joan A. Weston would be Smith, Paul A. and Joan A. Weston.

The address on this form must match the address on the electronically filed PA-40.

## PART I – TAX RETURN INFORMATION

**Line 1 -** Enter adjusted PA taxable income from Line 11, Form PA-40.

**Line 2 -** Enter PA tax liability from Line 12, Form PA-40.

**Line 3 -** Enter total PA tax withheld from Line 13, Form PA-40.

**Line 4 -** Enter the amount to be refunded from Line 30, Form PA-40.

**Line 5 -** Enter total payment (tax due), from Line 28, Form PA-40.

Taxpayers are responsible for submitting payment due to the PA Department of Revenue by April 17, 2018.

Payment may be sent along with Form PA-40 V. If Form PA-40 V was not received, it may be completed online, printed and mailed to the department with payment. Check or money order should be made payable to the PA Dept. of Revenue. The last four digits of the taxpayer's Social Security number, "2017 PA-V" and daytime telephone number should be written on the payment.

PA DEPT. OF REVENUE PAYMENT ENCLOSED 1 REVENUE PLACE HARRISBURG PA 17129-0001

# PART II – DIRECT DEPOSIT OF REFUND OR ELECTRONIC FUNDS WITHDRAWAL

Taxpayers may elect to have refunds directly deposited or payments made

by electronic funds withdrawal by completing Part II.

Line 6 - The routing transit number (RTN) must contain nine digits. If the RTN does not begin with 01 through 12, or 21 through 32, the direct deposit or electronic funds withdrawal request will be rejected.

Line 7 - The depositor account number (DAN) may contain up to 17 alphanumeric characters. Include hyphens but omit spaces and special symbols. If fewer than 17 characters, enter the number from left to right and leave the unused boxes blank.

Line 8 - Check the appropriate box.

Line 9 - Debit Date - Enter the date the taxpayer wants the payment electronically withdrawn, on or before April 17, 2018.

NOTE: The account cannot include the name of any other person unless the taxpayer's filing status on the return is "married filing jointly" or "married filing separately," and the taxpayer's spouse is the other name listed on the account.

Some financial institutions do not permit the deposit of a joint refund in an individual account. The PA Department of Revenue is not responsible when a financial institution refuses a direct deposit.

To be eligible for direct deposit or electronic funds withdrawal, taxpayers must provide proof of account ownership to the ERO. An acceptable proof of account ownership is a check, form, report or other statement generated by the financial institution that has the taxpayer's name, RTN and DAN preprinted on it.

For accounts payable through a financial institution other than the one at which the account is located, the taxpayer must provide a document, such as an account statement or identification card, showing the RTN of the bank or institution where the account is located. A deposit slip

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should not be used to verify RTN or DAN because it can contain internal routing numbers that are not part of the RTN.

If there is any doubt about the correct RTN, the taxpayer should contact the financial institution for assistance.

NOTE: Some financial institutions may not accept direct deposits into accounts payable through another bank or financial institution, including credit unions.

## PART III – DECLARATION OF TAXPAYER

**Line 10 -** All filers must check one of the boxes.

NOTE: Taxpayers may revoke the electronic funds withdrawal authorization by notifying the PA Department of Revenue in writing no later than two business days prior to

the debit date. Written requests to revoke the electronic funds withdrawal must include the taxpayer's name, address, Social Security number, RTN, DAN and payment amount. Written requests can be faxed to 717-772-9310 or emailed to ra-achrevok@pa.gov.

After a return has been prepared and before the return is transmitted, the taxpayer (or both taxpayers, if filing jointly) must verify the information on the return and sign and date the completed Form PA-8453. If you are responsible for the affairs of a minor, disabled person, or a decedent who could not prepare his or her own PA tax return, you must sign to file a valid tax return. The ERO must provide the taxpayer with a copy of this form.

If the ERO makes changes to the electronic return after the Form PA-8453 has been signed by the taxpayer, but before it is transmitted,

the ERO must have the taxpayer complete and sign a corrected Form PA-8453.

#### PART IV – DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PREPARER

The ERO must sign this form and keep it with the required attachments for three years.

A preparer must sign the Form PA-8453 in the space for Preparer. If the preparer is also the ERO, do not complete the Preparer Section; instead, check the box labeled "Check if also paid preparer."

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