PA DEPARTMENT OF REVENUE USE ONLY - DO NOT WRITE OR STAPLE IN THIS SPACE

Form P		845	3 PENNSYLV DECLARA	ANIA INDIV TION FOR E				(1999	
			For t	he year January 1 –	December 3	31, 199	99			
			Your Social Security Number	<u> </u>			Social Security 1	Number		
Print or Type			Last Name First Name, Initial & Spouse's First Name & Initial – Spouse's last name (only if different)							
		r Type	Home Address (Number and Street including Rural Route or P.O. Box)							
			City, Town or Post Office				State		Zip Code	
			The above information must b	e an exact duplicate o	of that on the	electro	nic return.			
Check Proper Filing Status			S ☐ Single J ☐ Married, Filing Joint Daytime Telephone Number M ☐ Married, Filing Separate F ☐ Deceased or Final ()							
Part			eturn Information (• /					
	1.	Net PA T	Taxable Income (Form PA-40,	line 11)				1		
		Total PA	Tax Liability (Form PA-40, li	ne 12)				2		
	3	Total PA	Taxes Withheld (Form PA-4	0, line 14)				3		
			int to be Refunded (Form PA-40, line 31)							
	5	Amount	You Owe, Tax Due (Form PA	N-40, line 29)	29)					
Part		Direct	Deposit of Refund	or ACH Debi	Payme	nt of	Tax Due	(Optiona	I – See instructions.)	
PY OF), W-2G HERE	6	Routing	transit number (RTN)				e first two number 01 through 12 or			
STAPLE COPY OF STATE W-2(s), W-2G and 1099(s) HERE	7	Deposito	or account number (DAN)							
STAPLE COPY OF TATE W-2(s), W-2C and 1099(s) HERE	8	Type of	account:	Checking	☐ Sav	vings		•		
STA STAT and	9	Debit Da	ate							
Part	Ш	Decla	ration of Taxpayer	(Sign only after F	Part I is Co	mplet	e)			
 10. □ a. I consent that my refund be directly deposited as designated in Part II, and declare that the information shown on lines 6 through 8 is correct. If I have filed a join is an irrevocable appointment of the other spouse as an agent to receive the refund. □ b. I do not want direct deposit of my refund or am not receiving a refund. □ c. I authorize (1) the Pennsylvania Department of Revenue and its designated Financial Agents to initiate an ACH debit (automatic withdrawal) entry to cial institution account designated in the electronic portion of my 1999 Pennsylvania Personal Income Tax Return for payment of my Pennsylvania taxes owed, financial institution to debit the entry to my account. I also authorize the financial institutions involved in the processing of my electronic payment of taxes to re dential information necessary to answer inquiries and resolve issues related to my payment. Under the terms of this authorization, I can revoke this authorization ing the Pennsylvania Department of Revenue no later than two business days prior to the payment (settlement) date. I understand that notification must be ma by one of the following methods: E-mail Address: achrevok@revenue.state.pa.us or Fax Telephone Number: (717) 772-4193. 									ic withdrawal) entry to my finan- insylvania taxes owed, and (2) my payment of taxes to receive confi- revoke this authorization by notify-	
			, I understand that if the PA Department						or the tax liability and all applicable	
I declare tha my 1999 PA	t under Tax Re by my	penalties of perurn (Form PA-4 electronic retu	d a joint federal and state tax return and t erjury, I have compared the information or 40). To the best of my knowledge, my retu urn originator, and subsequently by the IR:	n my return with the informati	on I have provide	ed to my e	electronic return orig companying schedu	inator and the a les and stateme	nts be sent to the Internal Revenue	
Sign	•	our signatu	uro.	Date	Spausa's	cianatu	re. If a joint reti	ırn BOTU m	ust sign. Date	
Here Part			ration of Electronic							
I declare th ture on this PA Departm requiremen schedules a	at I had form to nent of ts spec- and sta	ve received the fore submitted Revenue, and sified by the Ftements, and	ne above taxpayer's return and that the ting this return to the PA Department and have followed all other requirement PA Department of Revenue. If I am the to the best of my knowledge, they are the supporting documents for (3) year	e entries on this form are of Revenue. I have provid ts described in the IRS P e preparer, under penalty of e true and complete. This	complete and co ed the taxpayer ub. 1345, Hand of perjury, I decl	orrect to with a c book for are that	the best of my kno copy of all forms a Electronic Filers I have examined t	owledge. I have nd information of Individual Ta he above taxpa	e obtained the taxpayer's signa- to be filed with the IRS and the ix Returns (Tax Year 1999) and ayer's return and accompanying	
ERO's Use Only	Ē	RO's signa	ture	Date	Check if also paid prepare	o er 🖵 📗	Check if self-employed	□ EIN		
		irm's name f self-emplo								
	á	reparer's s	<u> </u>		Daytime Tele		Check if	EIN		
Paid Prepare Use Onl	v i	Firm's name f self-emplo address			Davtime Tel		self-employed Number (]		
				Daytime Telephone Number ()						

ELECTRONIC RETURN ORIGINATORS (EROs)
AND
TAXPAYERS FILING FROM HOME PCs