

PA-8879 (EX) 09-19 (FI)
Declaration Control Number/Submission ID

Primary Taxpayer's Name	Social Security Number	
Secondary Taxpayer's Name	Social Security Number	
SECTION I TAX RETURN INFORMATION – TAX YEAR ENDING D	DEC. 31, 2019 (whole dollars only)	
1. Adjusted PA Taxable Income (Form PA-40, Line 11)	1	
2. PA Tax Liability (Form PA-40, Line 12)	2	
3. Total PA Tax Withheld (Form PA-40, Line 13)		
4. Refund (Form PA-40, Line 30)		
5. Total Payment (Tax Due) (Form PA-40, Line 28)	5	
SECTION II DECLARATION AND SIGNATURE AUTHORIZATION C	OF TAXPAYER	
Under penalties of perjury, I declare that I have examined a copy of my electronic individual statements of my 2019 PA Tax Return (Form PA-40), and to the best of my knowledge and belied computer system and software to prepare and transmit my return electronically, I consent to the system and software and to the transmission of my tax return electronically to the PA Department of I above are the amounts shown on the copy of my electronic income tax return. If applicable, I autifinancial agents to initiate an electronic funds withdrawal (direct debit) entry to my designated acc financial institution to debit the entry to my account and the financial institutions involved in the p confidential information necessary to answer inquiries and resolve issues related to payment. I caccount within the United States or one of its territories. I have selected a personal identification	f, it is true, correct and complete. In addition, by using a disclosure of all information pertaining to my use of the of Revenue. I further declare that the amounts in Section thorize the PA Department of Revenue and its designated count for Pennsylvania taxes owed. I also authorize my processing of my electronic payment of taxes to receive certify the funds for this withdraw are originating from an	

return and, if applicable, my electronic funds withdrawal consent.

## Primary Taxpayer's Personal Identification Number (PIN): (mark one oval only)

I authorize	to enter my PIN	_ as my signature on my tax
	ctronically filed income tax return.	
Signature	Date	
Secondary Taxpayer's PIN: (mark one oval only)		
I authorize	to enter my PIN	_ as my signature on my tax
I will enter my PIN as my signature on my tax year 2019 ele	ctronically filed income tax return.	
Signature	Date	
Practitioner PIN Program Part	ticipants Only – Continue Bel	ow
SECTION III CERTIFICATION AND AUTHENTICAT	ΓΙΟΝ	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your fiv	e-digit self-selected PIN	/
As a participant in the Practitioner PIN Program, I certify the ab 2019 electronically filed income tax return for the taxpayer(s) in Program in accordance with the requirements established for t	ndicated above. I confirm I am particip	
ERO's signature	Date	

ERO must retain this form and the supporting documents for three years.

## DO NOT SUBMIT THIS FORM TO THE PENNSYLVANIA DEPARTMENT OF REVENUE