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

Form **PA-8453 PENNSYLVANIA INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING**

2014

For the year Jan.	1 – Dec	. 31,	2014
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	Ρ	Primary Taxpayer's Social Security Number							Se	Secondary Taxpayer's Social Security Number							
Print	La	Last Name Primary Taxpaver's Name, Initial; Seconda								y Taxpayer's First Name, Initial; Secondary Taxpayer's Last Name (only if different)							
or						.,	,				,			.,,	,		
Туре	Н	Home Address (Number and Street including Rural Route or P.O. Box)															
	С	ity, Town	or Post Office											State	ZIP Co	ode	
Check		ne abov	ve information must match tha	at on th	ne	electr	ror	nic re	eturn	exa	ctly	1.					
Proper Filing Status	s 🏓	S□S M□M	Single Aarried, Filing Separately	J 🛛 Married, Filing Joir			ointly	ly D Deceased F Final Return					Daytime Telephone Number ()				
Part I		Tax	Return Information (Enter	whole	d	ollars	or	nly.)									
	1	Adjusted PA taxable income (Form PA-40 ine 11)															
		2. PA tax liability (Form PA-40, Line 12)															
			PA tax withheld (Form PA-40,														
			unt to be refunded (Form PA-4)														
	c		payment (tax due) (Form PA-4														
Part I		Dire	ct Deposit of Refund or El	lectro	nio	: Fun	d	s W	ithdr	aw	/al	of	To	ax Due (Option	nal – See instruct	tions.)	
STAPLE COPY OF STATE W-2(s), W-2G and 1099(s) HERE	6	. Routi	ing transit number (RTN)	[e first two numbers 01 through 12 or 2		S	
	7	. Depo	ositor account number (DAN)														
	8	. Туре	of account:	[Chec	cki	ng			Savi	ing	s			Y	
ST. ar	9	. Debit	t date														
Part I		Decl	laration of Taxpayers (Sig	gn only	a	fter P	arl	t I is	comp	olete	e.)						
	 10 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. b. I am not receiving a refund or I do not want direct deposit of my refund. C. I authorize the Pennsylvania Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to my payment. I certify the funds for this withdraw are originating from an account within the U.S. or one of its territories. I may revoke this authorization by notifying the Pennsylvania Department of Revenue no later than two business days prior to the payment (settlement) date. I understand notification must 											e other Taxpayer as ry to my designated titutions involved in e issues related to this authorization by					
applicable i I declare un PA Tax Retu Service (IR	nteres der p rn (PA S) by	t and per enalties o -40). To th my electr	be made in writing by email to ra-achre- te return, I understand that if the PA Depa- nalties. If I have filed a joint federal and s of perjury compared the information on m he best of my knowledge, my return is true ronic return originator, and subsequently ting documents for three years.	artment o state tax ny return e and con	of R retu with	evenue urn and the intet the loor	e do I the forr nse	bes no ere is mation ent my	ot receiv an erro I prov return a	ve fui r on ided and a	ll and my s to m accor	state y ele npa	e ref ectr nyir	turn, I understand my ronic return originator ng schedules and state	 rederal return will be r and the amounts mate ements may be sent to t 	ejected. h those on my 2014 he Internal Revenue	
Sign Here		Primary	Taxpayer	Date				- 🗎	Se	cond	dary	Tax	xna	aver		Date	
Part I	<u> </u>		laration of Electronic Retu			inato	or	(ER					·	,	structions)		
I declare I h this form be of Revenue Returns (Ta	ave ro fore s and f x Yea	eceived th ubmitting ollowed a r 2014). It	he above-named taxpayer's return and th this return to the PA Department of Reve II other requirements specified by the PA f I am the preparer, under penalty of per they are true and complete. I understan	ne entries enue. I pr Departn jury I deo	s or rovi neni clar	n this fo ded the t of Rev e I exa	orm e ta ven min	are co xpaye ue and ned the	omplete r with a d descr e above	e and cop ibed e-nar	l corr y of a in th ned t	rect all fo e IF taxp	to t orm: RS F oaye	the best of my knowle is and information to b Publication 1345, Har er's return and accom	edge. I obtained the tax be filed with the IRS and adbook for Electronic Fi apanying schedules and	d the PA Department lers of Individual Tax	
ERO's Use	ļ	ERO's signature									also arer			Check if self-employed	EIN/SSN or PTIN		
Only		Firm's name (or yours, if self-employed) and															
		address		Date							_		ne	Number () EIN/SSN or PTIN		
Paid									Chec paid					Check if self-employed			
Prepare Use Onl	v		ame (or yours, mployed) and						Dayt	ime	Tele	pho	one	e Number ()		

KEEP THIS FORM AND THE REQUIRED ATTACHMENTS FOR THREE YEARS.

Please DO NOT mail this form.

INSTRUCTIONS FOR PA-8453

Filing of Form PA-8453

If a taxpayer elects not to use the federal selfselect PIN or a return is filed without a federal return, the PA Department of Revenue requires electronic return originators (EROs) and transmitters to 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 PA-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 15, 2015.

Payment may be sent along with Form PA-V. If Form PA-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, "2014 PA Tax" 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 15, 2015.

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 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@state.pa.us**.

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 PA Department of Revenue requires the ERO to 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."