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

2014

For the year Jan. 1 – Dec. 31, 2014

| | Name | e of Estate or Trust | | | Emplo | | | | | | | | | | oyer Identification Number | | | | |
|--|--|---|--|--|--|-----------------------------------|------------------------------------|-------------------------------------|-----------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---------------------------------|---------------------------------|-----------------------------|---|-------------------|--|--|
| Print | Name | and Title of Fiduciary | | | | | | | | | | | | | | | | | |
| or | Turite | | | | | | | | | | | | | | | | | | |
| Туре | Addre | Address (Number and Street including Rural Route or P.O. Box) | | | | | | | | | | | | | | | | | |
| | City, | Town or Post Office | | State | | | | | | | | | ZIP Code | | | | | | |
| | The a | bove information must match that | on the el | lectro | onic re | eturi | n ex | actly | | | | | | | | | | | |
| Part I | T | ax Return Information (Enter v | vhole dol | lars o | only.) | | | | | | | | | | | | = P | | |
| | 1. N | et PA taxable income (Form PA-41, L | ine 9) | | | | | | | | | | | | . 1. | | | | |
| | 2. PA tax liability (Form PA-41, Line 12) | | | | | | | | | | | | | | | | | | |
| | 3. Total Payments and Credits (Form PA-41, Line 18) | | | | | | | | | | | | | | | | | | |
| | 4. O | verpayment (Form PA-41, Line 23) | | | | | | | | | | | | | . 4 | | – N | | |
| | 5. To | otal payment (tax due) (Form PA-41 | , Line 22 |) | | | | | | | | | | | . 5 | | | | |
| Part II | D | irect Deposit of Refund or Ele | ctronic | Fund | ls Wi | ithd | Irav | val | of T | ax | Due |) (| Optio | ona | I – | See instructions.) | <u> </u> | | |
| STAPLE COPY OF STATE W-2(s), W-2G and 1099(s) HERE | 6. R | outing transit number (RTN) | | | | | | | | | | | | | | e RTN must ugh 32. | S | | |
| | 7. D | epositor account number (DAN) | | | | | | | | | | | | | | | | | |
| | 8. T | 8. Type of account: | | | | | | | | | | | | | | ľ | | | |
| | 9. D | 9. Debit date | | | | | | | | | | | | | | | | | |
| Part II | D | Declaration of Taxpayers (Sign | only afte | er Pa | rt I is | con | nple | te.) | | | | | | | | | | | |
| | 10. a. I consent for the refund from the 2014 PA Fiduciary Income Tax Return 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. | | | | | | | | | | | | | | ion V | | | | |
| | | b. The estate or trust is not receiving a refund or I do not want direct deposit of the refund. | | | | | | | | | | | | | | | | | |
| | | C. I authorize the PA Department of Rever financial institution account indicated for entry to this account. I also authorize t information necessary to answer inqu notifying the PA Department of Revenu made in writing by e-mail to ra-achrevo | r payment o he financial ires and re ue no later t | of the e I institu solve than tv | state's o utions ir issues vo busir | or tru nvolv relate ness | st's ta ed in ed to days | axes o the p the p prior | wed o roces ayme | on thi ising ent. T | s retu of the o revo | rn, a e ele oke | nd I a ctron a pa | autho ic pa ymei | orize aym nt, I | e the financial institution to debit ent of taxes to receive confiden I may revoke this authorization | the tial by | | |
| Tax Return. best of my k sent to the F | I have al knowledg PA Depart | erjury, I declare that the amounts above mate so examined a copy of the return being filed e and belief, they are true, correct and comp iment of Revenue by the transmitter. I also co an indication of whether or not the return is a | electronica plete. If I an insent to the | illy with n not t e PA D | n the PA he tran epartmo | A Dep smitt ent o | oartm er, 1 o f Rev | ent of consei enue | Reve nt tha sendi | enue at the ing th | and a returi ie ER0 | all ac n an | com d ac | pany comp | /ing pan | schedules and statements. To ying schedules and statements | the be | | |
| Sign Here | Sign | ature of Fiduciary or Officer | | | | | | | | | | | | | | Date | | | |
| Part IV | | eclaration of Electronic Return | n Origir | nato | r (ERG | D) (| and | Pai | d P | rep | arei | r (S | See | inst | ruc | ctions.) | _ | | |
| a collector, l fiduciary will PA Departm penalties of | l am not i l have sig ient of Re perjury, l | eviewed the above-referenced estate or trust responsible for reviewing the return, and only ined this form before I submit the return. I will evenue, and I have followed all other requirer declare that I have examined the above-refe rue, correct and complete. Declaration of pre | declare that l give the fic ments descr renced estate | at this duciary ribed in ate or t | form ac / or offic n REV-9 rust ret | ccura cer re 993, urn a | itely r epres Penn ind ac | eflects enting sylvar comp | s the the f nia Fe anyir | data fiduci ed/Stang scl | on the ary a ate E- hedule | e ret copy file l es ar | urn. / of a Hand nd st | The all for Ibool atem | fidu ms k. If nent | iciary or an officer representing and information to be filed with I am also the paid preparer, un is, and to the best of my knowled | the the der | | |
| ERO's Use | ERO | 's signature | Date | | | | | also parer | | | eck if f-emp | | ed [| | EIN | /SSN or PTIN | | | |
| Only | if se | i's name (or yours, If-employed) and | | | | | | | | | Davtim | 0 To! | onho | no NI- | umh | | | | |
| | addı Prep | ess 7 parer's signature | Date | | | Che | eck if | also | _ | | Daytime eck if | | epilo | | | /SSN or PTIN | _ | | |

paid preparer

self-employed

Daytime Telephone Number

Paid Preparer's

Use Only

Firm's name (or yours, if self-employed) and

address