Form **PA-8453-F**

PENNSYLVANIA FIDUCIARY INCOME TAX DECLARATION FOR ELECTRONIC FILING

2016

			the year Jan. 1	– Dec. 31, 20	116				
	Na	ame of Estate or Trust				Employer Id	entification	Number	
Print	Na	Name and Title of Fiduciary							
or									
Type	Ad	Address (Number and Street including Rural Route or P.O. Box)							
	City, Town or Post Office			State ZIP Code					
	Th	The above information must match that on the electronic return exactly.							
Part I		Tax Return Information (Enter wh	hole dollars only.)						
	1. Net PA taxable income (Form PA-41, Line 9)								
	2.	2. PA tax liability (Form PA-41, Line 12)							
	3.	3. Total Payments and Credits (Form PA-41, Line 18)							
	4.	Overpayment (Form PA-41, Line 23) .					4		
	5.	5. Total payment (tax due) (Form PA-41, Line 22)							
Part II		Direct Deposit of Refund or Elec	tronic Funds W	/ithdrawal o	f To	x Due (Option	al – See	nstructions.)	
STAPLE COPY OF STATE W-2(s), W-2G and 1099(s) HERE	6.	Routing transit number (RTN)				e first two numbers 01 through 12 or 21			
	7.	Depositor account number (DAN)							
	8.	Type of account:	Checking	☐ Savings					
STA STA	9.	Debit date							
Part III		Declaration of Taxpayers (Sign of	only after Part I is	complete.)					
	10.	10. a. I consent for the refund from the 2016 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. D. 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 Revenue and its designated financial agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the							
financial institution account indicated for payment of the estate's or trust's taxes owed on this return, and I authorize the financial entry to this account. I also authorize the financial institutions involved in the processing of the electronic payment of taxes information necessary to answer inquires and resolve issues related to the payment. To revoke a payment, I may revoke notifying the PA Department of Revenue no later than two business days prior to the payment (settlement) date. I understar								axes to receive confidential evoke this authorization by	
		made in writing by e-mail to ra-achrevok							
		of perjury, I declare that the amounts above match e also examined a copy of the return being filed e							
		edge and belief, they are true, correct and comple partment of Revenue by the transmitter. I also con							
		nd an indication of whether or not the return is according to the control of the					nsmiller am	acknowledgement of receipt	
								_	
Sign Here	s	ignature of Fiduciary or Officer						Date	
Part IV	7	Declaration of Electronic Return	Originator (ER	O) and Paid	Pr	eparer (See in	structions	.)	
		ve reviewed the above-referenced estate or trust r		-		•			
		not responsible for reviewing the return, and only one signed this form before I submit the return. I will one							
		f Revenue, and I have followed all other requirement							
		ry, I declare that I have examined the above-refere re true, correct and complete. Declaration of prep						to the best of my knowledge	
ERO's Use Only	•		Date	Check if also	c	Check if	EIN/SSN (or PTIN	
	•			paid preparer	paid preparer 🔲 s				
		Firm's name (or yours, if self-employed) and							
	а	ddress	Data	Chook if -1-		Daytime Telephone	Number (EIN/SSN o) or DTIN	
Daid		reparer's signature	Date	Check if also paid preparer		Check if self-employed	LIN/OON (71 1 1 IIN	
Paid Preparer'		firm's name (or yours,			-		1		
Use Only	, 11	f self-employed) and iddress				Daytime Tolonhone	Number (
	,				Daytime Telephone Number ()				