pennsylvania DEPARTMENT OF REVENUE

PENNSYLVANIA FIDUCIARY INCOME TAX

PA-845	53F (EX) 10-21 DECLARATION FOR ELECTRONIC FILING					2021		
For Calendar	Year 2021, or F	Fiscal Year Beginning,	, 2021 and	Ending,	, 20	D	eclaration Control N	lumber/Submission ID
Name of Esta	ate or Trust			Employer I	dentification Nun	nber		
Name and Tit	le of Fiduciary							
Address (Nun	nber and Street	t including Rural Route or P.C	D. Box)					
City								State ZIP Code
		The abo	ve information must m	atch that on the	electronic retu	rn exactly	<i>.</i>	
SECTIO	N I	TAX RETURN INFORM	MATION (whole dollar	s only)				
1. Net PA taxa	able income (Fo	orm PA-41, Line 9)					1	
2. PA tax liabil	lity (Form PA-4	1, Line 12)					2	
3. Total Paym	ents and Credit	s (Form PA-41, Line 18)					3	
4. Overpayme	ent (Form PA-41	I, Line 23)					4	
5. Total payme	ent (tax due) (F	orm PA-41, Line 22)					5	
SECTIO		DIRECT DEPOSIT OF			מחוודווא פחו			tional conjunctions)
SECTIO		ting transit number (RTN)	7. Depositor account nu		8. Type of ac			9. Debit date
STAPLE COP STATE W-2(s)	PY OF						Savings	5. Debit date
and 1099(s) I		The first two numbers of the	e RTN must be 01 throug	h 12 or 21 throug	h 32.			
SECTIO	N III	DECLARATION OF FI	DUCIARY (sign only	after Section I is	s complete)			
Under penaltie Tax Return. I H of my knowled PA Departmer and an indicat SIGN HERE SECTIOI I declare that collector, I am fiduciary will h	on Lines 6 throu The estate or tru I authorize the institution accou I also authorize and resolve issi business days p es of perjury, I d have also exam dge and belief, t nt of Revenue by tion of whether ignature of Fidu N IV	Igh 8 is correct. I certify the L ust is not receiving a refund of PA Department of Revenue int indicated for payment of the the financial institutions involu- ues related to the payment, rrior to the payment (settleme leclare that the amounts abo- ined a copy of the return bein- they are true, correct and con- y the transmitter. I also conse or not the return is accepted, ciary or Officer DECLARATION OF EI If the above-referenced estate le for reviewing the return, a form before I submit the return, a	Iltimate destination of the or I do not want direct de and its designated finan he estate's or trust's taxe ved in the processing of th To revoke a payment, I nt) date. I understand not ve match the amounts sh of filed electronically with mplete. If I am not the tran ent to the PA Department , and if rejected, the reas	e funds is within the posit of the refun- ncial agent to initi- is owed on this re- he electronic payr may revoke this tification must be in nown on the corre- the PA Department of Revenue send ison(s) for the rejection RN ORIGINAT the entries on PA is form accurately ary or officer represent	he U.S or one of d. late an ACH elect turn, and I authon ment of taxes to r authorization by made in writing b esponding lines o ent of Revenue a t that the return a ing the ERO and/ ction. OR (ERO) AN -8435F are comp reflects the data esenting the fidu	its territor ctronic fun rize the fir eceive cor notifying t y e-mail to f the elect nd all accor of the elect nd all accor /or transm	ies. Ids withdrawal (dire hancial institution to infidential information the PA Department ora-achrevok@pa.g tronic portion of the 2 ompanying schedules itter an acknowledgr PREPARER (see correct to the best o between the the the the correct to the best o between the the the the the the the the the the the the pany of all forms and i	f my knowledge. If I am only or an officer representing the nformation to be filed with the
penalties of pe	erjury, I declare	that I have examined the ab ect and complete. Declaratio	ove-referenced estate of on of preparer is based of	r trust return and	accompanying s	chedules arer has a	and statements, and	also the paid preparer, unde d to the best of my knowledg
ERO'S USE ONLY	Firm's Name (rm's Name (or yours if self-employed)			paid pre		self-employed	
	Address	ddress		City		State	ZIP Code	Phone Number
	Preparer's Sig	gnature			Date		Mark if	EIN/SSN or PTIN
PAID PREPARER'S	Firm's Name ((or yours if self-employed)					self-employed	
USE		(, , , , , , , , , , , , , , , , , , ,						
ONLY	Address			City		State	ZIP Code	Phone Number

Electronic Return Originators (EROs) and paid preparers must retain this form and supporting documents for three years. DO NOT SUBMIT THIS FORM TO THE PA DEPARTMENT OF REVENUE UNLESS REQUESTED TO DO SO.



2021 Instructions for PA-8453F

Individual Income Tax Declaration for Electronic Filing

PA-8453F IN (EX) 10-21

FILING OF FORM PA-8453F

If an estate or trust elects not to use the federal self-select PIN or a return is filed without a federal return, electronic return originators (EROs) and transmitters must retain completed Forms PA-8453F 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-8453F 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 estate or trust fiduciary filing electronically from a home computer must keep the signed Form PA-8453F and supporting documents for three years after the due date of the return or the date the return was filed electronically, whichever is later. Estates or trust fiduciaries must make the documents available to the PA Department of Revenue upon request. Do not mail Form PA-8453F and attachments to the PA Department of Revenue unless requested.

LINE INSTRUCTIONS

SUBMISSION ID

The Submission ID is a 20-digit number assigned by the ERO to a taxpayer's return.

NAME OF ESTATE OR TRUST, NAME AND TITLE OF FIDUCIARY, ADDRESS AND EMPLOYER IDENTIFICATION NUMBER

Print or type the name of the estate or trust, the name and title of the fiduciary and the complete address including ZIP code. In the spaces provided, enter the employer identification number of the estate or trust.

The address on this form must match the address on the electronically filed PA-41.

SECTION I

TAX RETURN INFORMATION

LINE 1

Enter adjusted PA taxable income from Line 9, Form PA-41.

LINE 2

Enter PA tax liability from Line 12, Form PA-41.

LINE 3

Enter total payments and credits from Line 18, Form PA-41.

LINE 4

Enter the overpayment from Line 23, Form PA-41.

LINE 5

Enter total payment (tax due), from Line 22, Form PA-41.

Estates or trusts are responsible for submitting payment due to the PA Department of Revenue by April 18, 2022.

Payment may be sent along with Form PA-41 V. If Form PA-41 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 estate or trust's employer identification number, "2021 PA Tax" and fiduciary's daytime telephone number should be written on the payment.

PA DEPT. OF REVENUE PAYMENT ENCLOSED 1 REVENUE PLACE HARRISBURG PA 17129-0001

SECTION II

DIRECT DEPOSIT OF REFUND OR ELECTRONIC FUNDS WITHDRAWAL

Estates or trusts may elect to have refunds directly deposited or payments made by electronic funds withdrawal by completing Section 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

Mark the appropriate box.

LINE 9

Debit date – Enter the date the estate or trust wants the payment electronically withdrawn, on or before April 18, 2022.

To be eligible for direct deposit or electronic funds withdrawal, estate or trust fiduciaries 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 estate or trust'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 estate or trust 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 estate or trust fiduciary 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.

SECTION III

DECLARATION OF FIDUCIARY

LINE 10

All filers must mark one of the boxes.

NOTE: Estates or trusts 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 estate or trust's name, the name and title of the fiduciary, the address, the employer identification number, RTN, DAN and payment amount. Written requests can be faxed to 717-772-9310 or emailed to **ra-achrevok@pa.gov**.

After a return has been prepared and before the return is transmitted, the estate or trust fiduciary must verify the information on the return and sign and date the completed Form PA-8453F. The ERO must provide the estate or trust fiduciary with a copy of this form.

If the ERO makes changes to the electronic return after the Form PA-8453F has been signed by the estate or trust fiduciary, but before it is transmitted, the ERO must have the estate or trust fiduciary complete and sign a corrected Form PA-8453F.

SECTION IV

DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PREPARER

The ERO must sign this form and keep it with the required attachments for three years.

A preparer must sign the Form PA-8453F in the space for Preparer. If the preparer is also the ERO, do not complete the Preparer Section; instead, mark the box labeled "Mark if also paid preparer."