

**Print
or
Type**

Your Social Security Number		Spouse's Social Security Number	
Last Name		First Name, Initial; Spouse's First Name, Initial; Spouse's Last Name (only if different)	
Home Address (Number and Street including Rural Route or P.O. Box)			
City, Town or Post Office		State	ZIP Code

Check *The above information must match that on the electronic return exactly.*

Proper Filing Status  **S** ☐ Single **J** ☐ Married, Filing Jointly **D** ☐ Deceased **Daytime Telephone Number** ()

M ☐ Married, Filing Separately **F** ☐ Final Return

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|---|----|-----------------------------|
| 1. Adjusted PA taxable income (Form PA-40, Line 11) | 1. | <u> </u> |
| 2. PA tax liability (Form PA-40, Line 12) | 2. | <u> </u> |
| 3. Total PA tax withheld (Form PA-40, Line 13) | 3. | <u> </u> |
| 4. Amount to be refunded (Form PA-40, Line 30) | 4. | <u> </u> |
| 5. Total payment (tax due) (Form PA-40, Line 28) | 5. | <u> </u> |

STAPLE COPY OF
STATE W-2(s), W-2-G
and 1099(s) HERE

6. Routing transit number (RTN)

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The first two numbers of the RTN must be 01 through 12 or 21 through 32.

7. Depositor account number (DAN)

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8. Type of account: ☐ Checking ☐ Savings

9. Debit date

10. ☐ a. 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 spouse 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 be made in writing by email to ra-achrevok@state.pa.us or fax to 717-772-9310.

If I have filed a balance-due return, I understand that if the PA Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax and all applicable interest and penalties. If I have filed a joint federal and state tax return and there is an error on my state return, I understand my federal return will be rejected.

I declare under penalties of perjury compared the information on my return with the information I provided to my electronic return originator and the amounts match those on my 2011 PA Tax Return (PA-40). To the best of my knowledge, my return is true and complete. I consent my return and accompanying schedules and statements may be sent to the Internal Revenue Service (IRS) by my electronic return originator, and subsequently by the IRS to the PA Department of Revenue. If I am filing from a home computer, I understand I am required to keep this form and supporting documents for three years.

Sign Here _____ **Date** _____ **Spouse's signature. If a joint return, BOTH must sign.** _____ **Date** _____

I declare I have received the above-named taxpayer's return and the entries on this form are complete and correct to the best of my knowledge. I obtained the taxpayer's signature on this form before submitting this return to the PA Department of Revenue. I provided the taxpayer with a copy of all forms and information to be filed with the IRS and the PA Department of Revenue and followed all other requirements specified by the PA Department of Revenue and described in the IRS Publication 1345, Handbook for Electronic Filers of Individual Tax Returns (Tax Year 2011). If I am the preparer, under penalty of perjury I declare I examined the above-named taxpayer's return and accompanying schedules and statements, and to the best of my knowledge, they are true and complete. I understand I am required to keep this form and supporting documents for three years.

ERO's Use Only	ERO's signature	Date	Check if also paid preparer ☐	Check if self-employed ☐	EIN/SSN or PTIN
	Firm's name (or yours, if self-employed) and address		Daytime Telephone Number ()		
Paid Preparer's Use Only	Preparer's signature	Date	Check if also paid preparer ☐	Check if self-employed ☐	EIN/SSN or PTIN
	Firm's name (or yours, if self-employed) and address		Daytime Telephone Number ()		

INSTRUCTIONS FOR PA-8453

Filing of Form PA-8453

If a taxpayer elects not to use the federal self-select 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

Declaration Control Number (DCN) - The DCN is a 14-digit number assigned by the ERO to a taxpayer's return. For the PA tax return, it will be the same number as on the federal 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 17, 2012.

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, "2011 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 17, 2012.

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 (and spouse, if filing jointly) must verify the information on the return and sign and date the completed Form PA-8453. 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."