(EX) 05-17

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 2017 For the year Jan. 1 - Dec. 31, 2017 Primary Taxpayer's Social Security Number Secondary Taxpayer's Social Security Number Print Last Name Primary Taxpayer's Name, Initial; Secondary Taxpayer's First Name, Initial; Secondary Taxpayer's Last Name (only if different)

or	<u> </u>	me Address (Number and Street including	Pural Pouto or P.O. Box)						
Туре			Rurai Roule of F.O. Dox)						
	Cit	y, Town or Post Office		State	ZIP Code				
Check	Th	e above information must matc	h that on the electronic retu	irn exactly.					
Proper Filing Status		S □ Single M □ Married, Filing Separately	J 🛛 Married, Filing Join	tly <b>D</b> D Deceased <b>F</b> D Final Return	Daytime Telephone Number				
Part I		Tax Return Information (E	Enter whole dollars only.)						
		-	,		1				
					3				
			,						
Part I		Direct Deposit of Refund	or Electronic Funds With	drawal of Tax Due (Optional					
STAPLE COPY OF STATE W-2(s), W-2G and 1099(s) HERE	6.	Routing transit number (RTN)		The first two numbers of be 01 through 12 or 21 th					
	7.	Depositor account number (DA	N)						
	8.	Type of account:	Checking	☐ Savings	Y				
		Debit date			I				
Part I		Declaration of Taxpayers		1 /					
	10.	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 Taxpayer as an agent to receive the refund.							
		b. I am not receiving a refund or I	do not want direct deposit of my refur	nd.	Δ				
		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 electroni my payment. I certify the funds notifying the Pennsylvania Depa	c payment of taxes to receive confi for this withdraw are originating from	dential information necessary to answer in an account within the U.S. or one of its territo business days prior to the payment (settleme	equiries and resolve issues related to pries. I may revoke this authorization by				
		ance-due return, I understand that if the P	A Department of Revenue does not re	eceive full and timely payment of my tax liabili					
				error on my state return, I understand my fed formation I provided to my electronic return o	-				
on my 2017 and stateme prepare and	PA Tax ents to t transr	Return (PA-40). To the best of my knowled the Internal Revenue Service (IRS) and the nit my return electronically, I consent to th	ge, my return is true and complete. I au IRS to subsequently send them to the e disclosure of all information pertain	uthorize my electronic return originator to send e PA Department of Revenue. In addition, by us ing to my use of the system and software ar that I am required to keep this form and supp	my return and accompanying schedules sing a computer system and software to and to the transmission of my tax return				
o. )									
Sign Here	Prim	ary Taxpayer	Date	Secondary Taxpayer	Date				
Part I	V	Declaration of Electronic	Return Originator (ERO)	and Paid Preparer (See instr	ructions.)				
signature or PA Departm of Individua	n this fo ent of I Tax R	orm before submitting this return to the PA Revenue and followed all other requireme eturns (Tax Year 2017). If I am the prepare	Department of Revenue. I provided the specified by the PA Department of r, under penalty of perjury, I declare the specified by the PA Department of perjury.	m are complete and correct to the best of m the taxpayer with a copy of all forms and infor Revenue and described in the IRS Publication that I examined the above-named taxpayer's re required to keep this form and supporting door	rmation to be filed with the IRS and the on 1345, Handbook for Electronic Filers eturn and accompanying schedules and				
ERO's	E	RO's signature		heck if also aid preparer	IN/SSN or PTIN				
Use Only	F	irm's name (or yours,							

	it self-employed) and			
	address	Daytime Telephone Number		
Paid Preparer's Use Only	Preparer's signature	Date		eck if EIN/SSN or PTIN
	Firm's name (or yours, if self-employed) and			
	address			Daytime Telephone Number

KEEP THIS FORM AND THE REQUIRED ATTACHMENTS FOR THREE YEARS.

Please DO NOT mail this form.





Pennsylvania Department of Revenue 2017 Instructions for PA-8453

Individual Income Tax Declaration for Electronic Filing

PA-8453 IN (EX) 05-17

#### 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, electronic return originators (EROs) and transmitters must 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 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 17, 2018.

Payment may be sent along with Form PA-40 V. If Form PA-40 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, "2017 PA-V" 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, 2018.

**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@pa.gov.

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 ERO must 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."