PA-8453

# PENNSYLVANIA INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

2020

EX) 06-20 (FI)

(2)() 00 2	~ (· ·)	Cantha.	year lon 1 Do- 1	24 2020				
1	For the year Jan. 1 – Dec. 31, 2020  Primary Taxpayer's Social Security Number  Secondary Taxpayer's Social Security Number							
	2500 day tanggara 250 day							
Print	Last Name Primary Taxpayer's Name, Initial; Secondary Taxpayer's First Name, Initial; Secondary Taxpayer's Last Name (only if different)							
or Type	Home Address (Number and Street including Rural Route or P.O. Box)							
	City, Town or Post Office			State	ZIP Code			
	-							
Mark	The above information must match the	at on the electroni	ic return exactly.					
Proper Filing Status	S Single M Married, Filing Separately	J Married,		D Deceased F Final Return	Daytime Telephone Number			
SECTION	TAX RETURN INFOR	RMATION (whole o	dollars only)					
1. Adjus	TAX RETURN INFOR	ne 11)			. 1			
2. PA ta	ax liability (Form PA-40, Line 12)	,			. 2			
3. Iotai	PA tax withheid (Form PA-40, Line 13) .				. 3			
	unt to be refunded (Form PA-40, Line 30)							
	payment (tax due) (Form PA-40, Line 28	<u> </u>						
SECTION	DIRECT DEPOSIT OF RE	EFUND OR ELEC	TRONIC FUNDS V	VITHDRAWAL OF TAX	DUE (optional - see instructions)			
STAPLE COPY OF STATE W-2(s), W-2G and 1099(s) HERE	6. Routing transit number (RTN)							
COP 2(s), 3(s) H	7. Depositor account number (DAN) _							
raple ATE W	8. Type of account: Checking C		avings —					
ST.	9. Debit date							
SECTION	DECLARATION OF T	AXPAYERS (sig	n only after Section	is complete)				
10. a. I consent for my refund to be directly deposited as designated in Section II and declare all information shown on Lines 6 through 8 is correct 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 oas an agent to receive the refund.								
	<ul><li>b. I am not receiving a refund or I do n</li></ul>	not want direct deposit of	f my refund.					
	account for Pennsylvania taxes owe processing of my electronic paymer certify the funds for this withdraw a	ed. I also authorize my nt of taxes to receive co are originating from an a ue no later than two busi	financial institution to de nfidential information ne account within the U.S.	ebit the entry to my account ar cessary to answer inquiries an or one of its territories. I may	funds withdrawal entry to my designated and the financial institutions involved in the d resolve issues related to my payment. I revoke this authorization by notifying the irrstand notification must be made in writing			
	a balance-due return, I understand that if the PA D rest and penalties. If I have filed a joint federal and	Department of Revenue						
my 2020 PA Ta and statements prepare and tra	r penalties of perjury that I have compared the info ix Return (PA-40). To the best of my knowledge, m is to the Internal Revenue Service (IRS) and the IR: ansmit my return electronically, I consent to the o to the PA Department of Revenue. If I am filing from	ny return is true and com S to subsequently send disclosure of all informa	nplete. I authorize my ele them to the PA Departm tion pertaining to my us	ectronic return originator to sen ent of Revenue. In addition, by se of the system and software	d my return and accompanying schedules using a computer system and software to and to the transmission of my tax return			
Cian A			_					
Sign Here	rimary Taxpayer	Date	Secondary	Taxpayer	Date			
SECTION	DECLARATION OF ELEC	CTRONIC RETUR	N ORIGINATOR (	ERO) AND PAID PREPA	ARER (see instructions)			
signature on the PA Department of Individual Ta	have received the above-named taxpayer's retunis form before submitting this return to the PA Deto to f Revenue and followed all other requirements ax Returns (Tax Year 2020). If I am the preparer, und to the best of my knowledge, they are true and	epartment of Revenue. I specified by the PA Dep inder penalty of perjury,	I provided the taxpayer partment of Revenue ar I declare that I examine	with a copy of all forms and in ad described in the IRS Publica d the above-named taxpayer's	formation to be filed with the IRS and the ation 1345, Handbook for Electronic Filers return and accompanying schedules and			
ERO's Use Only	ERO's signature	Date	Mark if also paid preparer	Mark if self-employed	EIN/SSN or PTIN			
	Firm's name (or yours,							
	if self-employed) and address	In :		Daytime Teleph				
	Preparer's signature	Date	Mark if also paid preparer	Mark if self-employed	EIN/SSN or PTIN			
Paid Preparer's	Firm's name (or yours,							
Use Only	if self-employed) and address			Daytime Teleph	one Number			



## 2020

### **Instructions for PA-8453**

Individual Income Tax Declaration for Electronic Filing

PA-8453 IN (EX) 06-20

#### **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 trans-mitters 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, which-ever 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**

#### **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.

#### **SECTION 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 15, 2021.

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, "2020 PA-40 V" and 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 REFUDN OR ELECTRONIC FUNDS WITHDRAWAL

Taxpayers 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.

www.revenue.pa.gov PA-8453 1

#### 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 taxpayer wants the payment electronically withdrawn, on or before April 15, 2021.

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 owner-ship 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.

#### **SECTION III**

#### **DECLARATION OF TAXPAYER**

#### LINE 10

All filers must mark 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.

#### **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-8453 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."

PA-8453 www.revenue.pa.gov