

### PA-8453 (EX) 03-23 (FI)

# PENNSYLVANIA INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

2023

For the year Jan. 1 – Dec. 31, 2023				Declar	Declaration Control Number/Submission ID								
Primary Taxpa	ayer's Social Security Number				Secon	ndary Tax	xpayer's Soc	cial Secu	rity N	umber			
Last Name	ame Primary Taxpayer's Name, Initial; Secondary Taxpayer's First Name, Initial; Secondary Taxpayer's Last Name (only if diffe									lifferent)			
Home Addres	s (Number and Street including	Rural Route or	r P.O. Box)										
City							St	ate	ZIP (	Code	Daytime	e Telephone Nu	mber
		The above	information	must matc	ch that on	the ele	ectronic retu	ırn exacı	tly.				
Mark Proper	Filing Status S Sing	gle M N	Married, Filing	Separately	/ J _	Marrie	d, Filing Joi	ntly <b>D</b>		Deceased	F	Final Return	
SECTIO	TAX RETUR	N INFORMA	ATION (whol	e dollars o	only)								
1. Adjusted PA	A taxable income (Form PA-40,	Line 11)								1			
2. PA tax liabil	lity (Form PA-40, Line 12)									2			
3. Total PA tax	withheld (Form PA-40, Line 13	3)								3			
4. Amount to I	be refunded (Form PA-40, Line	30)								4			
5. Total payme	ent (tax due) (Form PA-40, Line	28)								5			
SECTIO	N II DIRECT DEF	POSIT OF R	EFUND OF	RELECTI	RONIC	FUNDS	S WITHDE	RAWAL	OF	TAX DUE (	optional	- see instruction	ons)
OLOTIO	6. Routing transit numb		. Depositor ac				8. Type of a				1,	9. Debit date	,
STAPLE COP STATE W-2(s)		, ,						Checking		Saving	gs		
and 1099(s) I	HERE NOTE: The first two nu	ımbers of the R	TN must be 0	1 through 1	2 or 21 th	rough 32	2.						
SECTIO	N III DECLARATI	ION OF TAX	PAYERS (s	ign only af	fter Section	on I is c	complete)						
b. I c. I f b. I c. I f f declare under those on my decompanying a computer sy and to the trai and supportin SIGN HERE F SECTIO I declare that I signature on ti the PA Depar Electronic File	have received the above-name his form before submitting this re tment of Revenue and followed ers of Individual Tax Returns (T g schedules and statements, a	do not want dire partment of Re also authorize n receive confider account within a prior to the pay and that if the Plave filed a joint re compared the for the best of n the Internal Revand transmit my tronically to the let at the pay and that if the Plave filed a joint recompared the for the best of n the Internal Revand transmit my tronically to the let at the pay and transmit my tronically to the let at the pay and the pay and the pay and the pay at the p	e of its territorie ect deposit of evenue and its my financial information the U.S. or on yment (settlen PA Department federal and see information on knowledge venue Service y return electric PA Department PA Department outrements specific and that the Department outrements specific lam the p	my refund. designated stitution to designated stitution to do no necessar e of its territ ment) date. It of Revenutate tax retuen my return (IRS) and to nically, I control of Revenue.  Date  RETURN he entries of Revenue. cified by th reparer, united stitutions.	d financial debit the ary to answ tories. I m. I understaue does no urm and the m with the arist true at the IRS to onsent to incue. If I are I on this form I provided the PA Depider penal	I agents entry to a wer inqui ay revoke and notified to receive end of the day of the disc mediand composition of the disc med	to initiate army account iries and reste this authorication must be full and tirn error on mation I provide plete. I authouently send elosure of all from a home ary Taxpayer  R (ERO) A complete and an army expansive that are to f Revenue rjury, I declar	n electron and the fi olve issue irration by be made mely payr y state reled to my orize my them to t informati e compute.  ND PAI correct to a copy of a e and deare that I	olle ap  nic furninanc es rele y notif teturn, of elect o	pointment of the das withdrawal ial institutions lated to my partial form the Penn riting by email of my tax liabil I understand in tronic return of tronic return of the Penn	entry to involved yment. I sylvania to ra-ac lity, I will ny federariginator of Reven use of t t I am re	Taxpayer as an one of my designated at in the processing certify the funds Department of Echrevok@pa.go remain liable for and the amount of the system and sequired to keep to tructions)  I obtained the tax be filed with the ion 1345, Handled taxpayer's referring to the processing and the system and sequired to keep to the filed with the ion 1345, Handled taxpayer's referring the processing and the processing and the system and sequired to keep the processing and the system and the	agent to  account ng of my s for this Revenue ov.  or the tax rejected. ts match turn and by using software this form  xpayer's IRS and book for turn and
•	ERO's Signature			Dat	ite		Mark if paid pr			Mark if self-employ		N/SSN or PTIN	
ERO'S USE ONLY	Firm's Name (or yours if self-employed)							· ·   - · · · · · · · · · · · · · · · ·					
	Address			City	City			State ZIP Cod		ZIP Code	Phone Number		
PAID PREPARED'S	Preparer's Signature	omployed)		'			Date	'		Mark if self-employ		N/SSN or PTIN	
PREPARER'S USE	Firm's Name (or yours if self-e	ampioyeu)											
ONLY	Address			City	City			State	State ZIP Code Phon			one Number	





# **Instructions for PA-8453**

Individual Income Tax Declaration for Electronic Filing

PA-8453 IN (EX) 03-23

# **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, 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, 2024.

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, "2023 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 REFUND 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.

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# 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, 2024.

**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.

#### **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 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."

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