

Form **PA-8453**

**PENNSYLVANIA INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING**

**2013**

For the year Jan. 1 - Dec. 31, 2013

**Print or Type**

Primary Taxpayer's Social Security Number		Secondary Taxpayer's Social Security Number	
Primary Taxpayer's Last Name	Primary Taxpayer's First Name, Initial	Secondary Taxpayer's First Name, Initial	Secondary Taxpayer'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

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

Check Proper Filing Status **S** Single **J** Married, Filing Jointly **D** Deceased **F** Final Return **M** Married, Filing Separately

Daytime Telephone Number \_\_\_\_\_

**Part I Tax Return Information** (Enter whole dollars only.)

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

**Part II Direct Deposit of Refund or Electronic Funds Withdrawal of Tax Due** (Optional - See instructions.)

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

6. Routing transit number (RTN) \_\_\_\_\_ **The first two numbers of the RTN must be 01 through 12 or 21 through 32.**

7. Depositor account number (DAN) \_\_\_\_\_

8. Type of account:  Checking  Savings

9. Debit date \_\_\_\_\_

**Part III Declaration of Taxpayers** (Sign only after Part I is complete.)

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 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 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 2013 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 **Primary Taxpayer** \_\_\_\_\_ **Date** \_\_\_\_\_ **Secondary Taxpayer** \_\_\_\_\_ **Date** \_\_\_\_\_

**Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer** (See instructions.)

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 2013). 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.

<b>ERO's Use Only</b>	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 ( )			
<b>Paid Preparer's Use Only</b>	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 ( )			

