

PENNSYLVANIA E-FILE SIGNATURE AUTHORIZATION FOR PAS CORPORATION/PARTNERSHIP INFORMATION RETURN (PA-20S/PA-65) **DIRECTORY OF CORPORATE PARTNERS (PA-65 CORP)**

2019

PA-8879P (PT) 10-19 DIRECTORY OF CORPORATE PARTNERS (PA-65 CORP)							2019		
For calendar year 2019 or tax year beginning	, 2019, endir	ng	, 20	F	ederal En	nployer Ider	tification Number (FEIN)		
Name of Entity									
Entity Address		City		State	ZIP Code		Revenue ID		
SECTION I TAX RETURN IN	NFORMATION (Enter v	whole dollars	only.)						
1. Calculate Adjusted/Apportioned Net Business In	come (Loss) (PA-20S/PA-65,	Section II, Line 2d)			1.			
2. Calculate Adjusted/Apportioned Net Business In	come (Loss) (PA-20S/PA-65,	Section II, Line 2h)			2.			
3. Total Other PA PIT Income (Loss) (PA-20S/PA-6	5, Section III, Line 9)				;	3.			
4. Total PA Income Tax Withheld (PA-20S/PA-65, Section V, Line 14c)						4.			
5. Total Corporate Net Income Tax Withholding For All Nonfiling Corporate Partners For This Entity (PA-65 Corp, Line 4).						5.			
SECTION II LIMITED LIABIL	AND SIGNATURE AU ITY COMPANY MEME PARTNER OR REPRES	BER, S CORPO	RATION OF	FICER	·,	•			
knowledge and belief, all are true, correct a entity's electronic return. I consent to allow revenue and receive from the PA Departmer return is accepted, and, if rejected, the readesignated financial institution to initiate an ewithholding liability owed on this return, and Foreign Assets Control has imposed additio outside of the territorial jurisdiction of the U.Department of Revenue does not support IA of the territorial jurisdiction of the U.S. at ar ra-achrevok@pa.gov or fax at 717-772-931 in the processing of the electronic payment of the payment. If I have a balance-due return, liability, I will remain liable for the withholding is an error on my federal return, I understand will remain liable for all applicable interest ar if applicable, the entity's consent to electroni	my electronic return original of Revenue an acknowle son(s) for rejection of the lectronic funds withdrawal I authorize the financial in anal reporting requirements. S. These transactions are TACH debit transactions. The process of	eator (ERO) and/edgement of rece e transmission. It from the account institution to debit of a called internation to ealled internation to revoke a paymess days prior to confidential information and personal personal interest and personal int	or transmitter to eight of transmister for applicable, I at indicated in the the entry to the banking transactions do annot, I must conthe debit date ation necessare enue does not natties. If I have urn is rejected e-select PIN as	o send sion and authorized tax properties accessored to not depend on the contract	the entity d an indice ze the PA reparation ount. I un s that dir s (IAT). I lirectly inv ne PA De authorize swer inqu e full and i joint fed y other de nature for	y's return to cation of w A Department software derstand to rectly involution and solve a fin expartment and solve and solve and solve timely payeral and solve and so	to the PA Department of hether or not the entity's tent of Revenue and its for payment of the state that the federal Office of the a financial institution at that presently, the PA ancial institution outside of Revenue by email to acial institutions involved resolve issues related to the yment of my withholding tate tax return and there ag occurs, I understand It's electronic return and,		
FEDERAL SELF-SELECT PIN. Check one b	oox only.				_				
 I authorize						as my signature			
 As a general partner, limited liability my federal self-select PIN as my sig 	•	-	-		or repres	sentative (of the entity, I will enter		
Authorized Signature		Date	Title				Social Security Number		
Address			City			State	ZIP Code		
SECTION III CERTIFICATION	AND AUTHENTICAT	ION							
ERO'S EFIN/PIN. Enter your six-digit e-File federal self-selected PIN.	Identification Number follo	owed by your five	e-digit			Do	not enter all zeros.		
I certify the above numeric entry is my federal I confirm I am participating in the Practitione institution for the withdrawal of funds is within	er PIN Program in accorda	ance with the req			-	eturn for th	e entity indicated above.		
ERO's Signature							Date		



Pennsylvania Department of Revenue 2019

Instructions for PA-8879P

Pennsylvania E-File Signature Authorization for PA S Corporation/Partnership Information Return (PA-20S/PA-65)
Directory of Corporate Partners (PA-65 Corp)

PA-8879P IN (PT) 10-19

PURPOSE OF FORM PA-8879P

A general partner, limited liability company member, S corporation officer, authorized partner, representative or electronic return originator (ERO) uses PA-8879-P to use federal self-selected PINs to electronically sign an entity's electronic tax return and, if applicable, consent to electronic funds withdrawal. See "Important" regarding electronic funds withdrawal.

A general partner, limited liability company member, S corporation officer, authorized partner or representative who does not use PA-8879-P must use PA-8453-P, PA S Corporation/Partnership Information Return (PA-20S/PA-65) Directory Of Corporate Partners (PA-65 Corp) Tax Declaration For a State e-File Return. Do not mail PA-8879-P to the PA Department of Revenue unless requested.

LINE INSTRUCTIONS

The ERO will:

- Enter the calendar years where appropriate and the entity's FEIN;
- Enter the entity's name and complete address including ZIP code; and
- Enter the S corporation's or limited liability company's Revenue ID. Partnerships do not have a Revenue ID.

SECTION I

TAX RETURN INFORMATION

The ERO must complete Section I using the amounts from the entity's 2019 tax return. Zeros may be entered when appropriate.

SECTION II

DECLARATION AND SIGNATURE AUTHORIZATION OF GENERAL PARTNER, LIMITED LIABILITY COMPANY MEMBER, S CORPORATION OFFICER, AUTHORIZED PARTNER OR REPRESENTATIVE

The general partner, limited liability company member, S corporation officer, authorized partner or representative must:

Verify the accuracy of the entity's prepared tax return;

- Check the appropriate box in Section II to authorize the ERO to enter the federal self-selected PIN or to choose to enter it in person;
- Indicate or verify the federal self-selected PIN when authorizing the ERO to enter it (the PIN must be five numbers other than all zeros);
- Complete, sign, date and enter the title of the general partner, limited liability company member, S corporation officer, authorized partner or representative in Section II;
- · Keep a copy of the entity's tax return; and
- Return the completed PA-8879-P to the ERO by hand delivery, U.S. mail, private delivery service or fax.

The ERO must:

- Enter the ERO firm name (not the name of the individual preparing the report) on the authorization line in Section II, if the ERO is authorized to enter the general partner, limited liability company member, S corporation officer, authorized partner or representative federal selfselected PIN;
- Send the PA-8879-P by hand delivery, U.S. mail, private delivery service, email or Internet, to the general partner, limited liability company member, S corporation officer, authorized partner or representative for completion and review;
- Do not mail the PA-8879-P to the PA Department of Revenue unless requested. Retain the completed PA-8879-P for three years from the return due date or the date the return was filed electronically, whichever is later;
- Enter the federal self-selected PIN of the general partner, limited liability company member, S corporation officer, authorized partner or representative on the input screen only if the person has authorized you to do so;

NOTE: The ERO must receive the completed and signed PA-8879-P from the general partner, limited liability company member, S corporation officer, authorized partner or representative before the electronic return is transmitted or released for transmission.

 Provide the general partner, limited liability company member, S corporation officer, authorized partner or representative with a copy of the signed PA-8879-P upon request; and

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 Provide the general partner, limited liability company member, S corporation officer, authorized partner or representative with a corrected copy of PA-8879-P if changes are made to the return.

IMPORTANT: The federal Office of Foreign Assets Control has imposed additional reporting requirements on all electronic banking transactions that directly involve a financial institution outside of the territorial jurisdiction of the U.S. These transactions are called international ACH transactions (IAT). Presently, the PA Department of Revenue does not support IAT ACH debit transactions. Taxpayers who instruct the department to process electronic banking transactions on their behalf are certifying that the transactions do not directly involve a financial institution outside of the territorial jurisdiction of the U.S. at any point in the process.

SECTION III

CERTIFICATION AND AUTHENTICATION

The PA Department of Revenue requires the ERO to enter its six-digit EFIN followed by its five-digit federal self-selected PIN, sign this form thereby verifying its federal self-selected PIN, participation in the Practitioner PIN Program and the financial institution for the withdrawal of funds is within the territorial jurisdiction of the U.S. and retain this form and the supporting documents for three years.

PURPOSE OF ELECTRONIC SIGNATURE SPECIFICATIONS

The electronic signature specifications identifies the perjury, consent to disclosure and electronic funds withdrawal text selections used to develop jurat language statements for electronic filing tax preparation software where the practitioner federal self-selected PIN method is selected. The software must provide the capability to incorporate these into the appropriate text for presentation to a taxpayer for their review.

PERJURY STATEMENT

Under penalties of perjury, I declare I am a general partner, limited liability company member, S corporation officer, authorized partner or representative of the above entity, and I have examined a copy of the entity's 2019 electronic PAS Corporation/ Partnership Information Return (PA-20S/PA-65) and/or Directory of Corporate Partners (PA-65 Corp) and accompanying schedules and statements. To the best of my knowledge and belief, all are true, correct and complete.

CONSENT TO DISCLOSURE

I consent to allow my electronic return originator (ERO) or transmitter to send the entity's return to the Internal Revenue Service (IRS) and subsequently by the IRS to the PA Department of Revenue.

ELECTRONIC FUNDS WITHDRAWAL CONSENT

I authorize the PA Department of Revenue and its designated financial institution to initiate an electronic funds

withdrawal from the account designated in the electronic payment portion of my 2019 PA S Corporation/Partnership Information Return (PA-20S/PA-65) - Directory of Corporate Partners (PA-65 Corp) for payment of my Pennsylvania withholding. 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 to receive confidential information necessary to answer inquiries and resolve issues related to my payment.

I understand that the federal Office of Foreign Assets Control has imposed additional reporting requirements on all electronic banking transactions that directly involve a financial institution outside of the territorial jurisdiction of the U.S. These transactions are called international ACH transactions (IAT). I understand that presently the PA Department of Revenue does not support IAT ACH debit transactions. I certify that the transactions do not directly involve a financial institution outside of the territorial jurisdiction of the U.S. at any point in the process.

To revoke a payment, I must notify the PA Department of Revenue no later than two business days prior to the debit date. I understand that notification must be made by email to **ra-achrevok@pa.gov** or fax at 717-772-9310.

SIGNATURE OF THE GENERAL PARTNER, LIMITED LIABILITY COMPANY MEMBER, S CORPORATION OFFICER, AUTHORIZED PARTNER OR REPRESENTATIVE

I am signing this return and Electronic Funds Withdrawal Consent, if applicable, by entering my federal self-selected PIN below.

AUTHO	RIZED	PIN:	 	 	
DATE:					

ELECTRONIC RETURN ORIGINATOR DECLARATION

I declare that the information contained in this electronic return is the information furnished to me by the entity. If the entity furnished to me a completed return, I declare the information contained in this electronic return is identical to that contained in the return provided by the entity. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury, I declare I have examined this electronic return, and to the best of my knowledge and belief it is true, correct and complete.

ELECTRONIC RETURN ORIGINATOR SIGNATURE

I am signing this return by entering my federal self-selected PIN below.

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