Decl	arati	on C	ontrol Number (DCN)			
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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

2008

		For the year Jan. 1 – Dec. 31, 2008									
	Your Social Security Number	· · · · · · · · · · · · · · · · · · ·	Spouse's Social Security Number								
Print	Last Name First I	Name. Initial & Spouse's F	First Name & Initial – Spouse's Last Name <i>(on</i>	ne & Initial – Spouse's Last Name (only if different)							
or	t Last Name First Name, Initial & Spouse's First Name & Initial – Spouse's Last Name (only if different)										
Type	Home Address (Number and Street including Rural Route or P.O. Box)										
	City, Town or Post Office		State ZIP Code								
Check	The above information must be an exact duplicate of that on the electronic return.										
Proper Filing Status	S ☐ Single M ☐ Married, Filing Separately J ☐ Married, Filing Jointly D ☐ Deceased F ☐ Final Return D ☐ Deceased Daytime Telephone Number ()										
Part	,		- /								
	1. Adjusted PA taxable income (Form	PA-40, Line 11)		. 1							
	PA tax liability (Form PA-40, Line '	12)		. 2							
	3. Total PA tax withheld (Form PA-40	, Line 13)	e 13) 3								
	4. Amount to be refunded (Form PA-4										
	5. Total payment (tax due) (Form PA-	40, Line 27)		. 5							
Part	Direct Deposit of Refund	or Electronic Fu	nds 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 o be 01 through 12 or 21 t								
. COP. -2(s), 9(s) H	7. Depositor account number (DAN)										
APLE TE W	8. Type of account:	☐ Checking	Savings								
ST/ an	9. Debit date										
Part	Ⅲ Declaration of Taxpayer (Sign only after Part	is Complete.)								
	joint return, this is an irrevocable app	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. If I have filed a joint return, this is an irrevocable appointment of the other spouse 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 desi account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions invo the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related payment. I may revoke this authorization by notifying the Pennsylvania Department of Revenue no later than two business days prior to the payment telement) date. I understand that notification must be made in writing by: e-mail to: ra-achrevok@state.pa.us or fax to: (717) 772-9310. 										
	ed a balance-due return, I understand that if the PA De nterest and penalties. If I have filed a joint federal and										
those on m may be ser	at under penalties of perjury, I have compared the info y 2008 PA Tax Return (Form PA-40). To the best of my nt to the Internal Revenue Service (IRS) by my electron I am required to keep this form and supporting docum	/ knowledge, my return is to nic return originator, and su	rue and complete. I consent that my return and a	ccompanying schedules and statements							
Sign	A										
Here	Your signature	Date	Spouse's signature. If a joint return,	-							
Part			or (ERO) and Paid Preparer	· ,							
ture on this Department Tax Returns	have received the above-named taxpayer's return an form before submitting this return to the PA Departmet of Revenue and followed all other requirements specific (Tax Year 2008). If I am the preparer, under penalty of the best of my knowledge, they are true and compliance.	ent of Revenue. I provided ied by the PA Department o f perjury, I declare that I ha	the taxpayer with a copy of all forms and inform f Revenue and described in the IRS Pub. 1345, H we examined the above-named taxpayer's return	ation to be filed with the IRS and the PA andbook for Electronic Filers of Individual and accompanying schedules and state-							
ERO's Use	ERO's signature	Date	Check if also Check if self-employed	EIN/SSN or PTIN							
Only	Firm's name (or yours, if self-employed) and		Douting Telephone Number (
	address Preparer's signature	Date	Daytime Telephone Number () Check if also Check if	EIN/SSN or PTIN							
Paid Prepare	r's Firm's name (or yours,		paid preparer self-employed								
Use Onl	y if self-employed) and address		Daytime Telephone Number ()								

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, the PA Department of Revenue requires Electronic Return Originators (EROs) and transmitters to 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 PA-8453

Declaration Control Number (DCN) - The DCN is a 14-digit number assigned by the ERO to a taxpayer's return. For the PA Tax Return, it will be the same number as on the federal 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 shown 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 29. Form PA-40.

Line 5 - Enter total payment (tax due), from Line 27, Form PA-40.

Taxpayers are responsible for submitting payment due to the PA Department of Revenue by April 15, 2009. Taxpayers are encouraged to use the preprinted PA Individual Income Tax Payment Voucher, PA-V.

In the event a taxpayer does not have a preprinted voucher, 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, "2008 PA Tax" 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 15, 2009.

Caution: 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 e-mailed to ra-achrevok@state.pa.us.

After a return has been prepared and before the return is transmitted, the taxpayer (and spouse, if filing jointly) must verify the information on the return and sign and date the completed Form PA-8453. 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 PA Department of Revenue requires the ERO to 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."