

## Pennsylvania e-file Signature Authorization

2009

Dec	claration Control Number (DCN)			
Tax	payer's Name		Social Security Number	
Spc	ouse's Name		Spouse's Social Security Number	
PA	RT I Tax Return Information – Tax Year	Ending Dec. 31, 2009 (W	hole dollars only)	
	1. Adjusted PA Taxable Income (Form PA-4	0, 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. Refund (Form PA-40, Line 29)			
	5. Total Payment (Tax Due) (Form PA-40, L			
PA	RT IIDeclaration and Signature Authoriz	ation of Taxpayer		
stat decl PA I acco invo issu I ha	ler penalties of perjury, I declare I have examined a cop- tements of my 2009 PA Tax Return (Form PA-40), and to lare that the amounts in Part I above are the amounts should be a count for Pennsylvania taxes owed. I also authorize my folved in the processing of my electronic payment of taxes related to payment. I certify the funds for this withdrawe selected a personal identification number as my signal adrawal consent.	o the best of my knowledge and bel nown on the copy of my electronic inc its to initiate an electronic funds with inancial institution to debit the entry es to receive confidential information w are originating from an account wi	ief, it is true, correct and complete. I further come tax return. If applicable, I authorize the adrawal (Direct Debit) entry to my designated to my account and the financial institutions on necessary to answer inquiries and resolve thin the United States or one of its territories.	
Tax	xpayer's Personal Identification Number		• •	
	I authorizetax year 2009 electronically filed income tax ret		as my signature on my	
	I will enter my PIN as my signature on my tax y		ome tax return.	
Υο	ur signature	Date		
-	ouse's PIN: (check one box only)  I authorize	to enter my PIN	as my signature on my	
ш	tax year 2009 electronically filed income tax ret		us my signature on my	
	I will enter my PIN as my signature on my tax y	vear 2009 electronically filed inco	ome tax return.	
Spouse's signature			Date	
	Practitioner PIN Program	m Participants Only – C	ontinue Below	
PA	RT III Certification and Authenticati			
E	ERO's EFIN/PIN. Enter your six-digit EFIN followed	by your five-digit self-selected	PIN /	
t	As a participant in the Practitioner PIN Program, I the tax year 2009 electronically filed income tax re n the Practitioner PIN Program in accordance with	certify the above numeric entry eturn for the taxpayer(s) indicate	is my PIN, which is my signature on ed above. I confirm I am participating	
ER	O's signature		Date	

ERO must retain this form and the supporting documents for three years.

DO NOT SUBMIT THIS FORM TO THE PENNSYLVANIA DEPARTMENT OF REVENUE.