## Form **PA-8453-F**

## PENNSYLVANIA FIDUCIARY INCOME TAX DECLARATION FOR ELECTRONIC FILING

2014

		For	the year Jan. 1 -	– Dec. 31, 2014			
	Na	me of Estate or Trust			Employer Id	entification Number	
Duint	NI	and Title of Fiducies.					
Print	INA	Name and Title of Fiduciary					
or	٨٨	Address (Number and Street including Rural Route or P.O. Box)					
Type	ype   Address (Number and other including Numai Noute of P.O. Box)						
	Cit	y, Town or Post Office			State	ZIP Code	
	The	e above information must match that on the electronic return exactly.					
Part I	` '						
1. Net PA taxable income (Form PA-41, Line 9)							
	2. PA tax liability (Form PA-41, Line 12)       2.         3. Total Payments and Credits (Form PA-41, Line 18)       3.						
		Overpayment (Form PA-41, Line 23)					
	5.	Total payment (tax due) (Form PA-41,	Line 22)			. 5	
Part II		Direct Deposit of Refund or Elec	tronic Funds W	ithdrawal of To	ax Due (Option	al – See instructions.)	
STAPLE COPY OF STATE W-2(s), W-2G and 1099(s) HERE	6	Routing transit number (RTN)			e first two numbers 01 through 12 or 21		
		. ,				milough 52.	
		Depositor account number (DAN)					
	8.	. Type of account:   Checking Savings					
		Debit date					
Part III	Declaration of Taxpayers (Sign only after Part I is complete.)						
	10.		a. I consent for the refund from the 2014 PA Fiduciary Income Tax Return 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.				
		b. The estate or trust is not receiving a refund or I do not want direct deposit of the refund.					
		C. I authorize the PA Department of Revenue and its designated financial agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the					
financial institution account indicated for payment of the estate's or trust's taxes owed on this return, and I authorize the financial institutions involved in the processing of the electronic payment of taxes to							
	entry to this account. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confi information necessary to answer inquires and resolve issues related to the payment. To revoke a payment, I may revoke this authoriza						
		notifying the PA Department of Revenue made in writing by e-mail to ra-achrevok			payment (settlement)	date. I understand notification must be	
Under penal	lties o	f perjury, I declare that the amounts above match	0. 0		nes of the electronic p	portion of the 2014 PA Fiduciary Income	
Tax Return. I have also examined a copy of the return being filed electronically with the PA Department of Revenue and all accompanying schedules and statements. To best of my knowledge and belief, they are true, correct and complete. If I am not the transmitter, I consent that the return and accompanying schedules and statements							
		partment of Revenue by the transmitter. I also con-					
		nd an indication of whether or not the return is acc				Ů.	
Sign 🔒							
Here	S	ignature of Fiduciary or Officer				Date	
Part IV	7	<b>Declaration of Electronic Return</b>	Originator (ER	O) and Paid Pı	reparer (See ins	structions.)	
		re reviewed the above-referenced estate or trust representation of responsible for reviewing the return, and only only the return.					
		signed this form before I submit the return. I will g					
PA Departme	ent of	Revenue, and I have followed all other requirement	ents described in REV-	993, Pennsylvania Fe	d/State E-file Handbo	ok. If I am also the paid preparer, under	
		y, I declare that I have examined the above-refere te true, correct and complete. Declaration of prep					
ERO's	•		Date	Check if also	Check if	EIN/SSN or PTIN	
Use	•			paid preparer $\square$	self-employed $\square$		
Only	if	Firm's name (or yours, if self-employed) and					
		ddress   reparer's signature   [	Date	Check if also	Daytime Telephone Check if	Number EIN/SSN or PTIN	
Paid		Sparsi o digitaturo	2410	paid preparer	self-employed	LIIIV	
Preparer'	٠.,	irm's name (or yours,		1	1		
Use Only		self-employed) and ddress ———————————————————————————————————			Destina T. L. L	Northern	
		,	l		Daytime Telephone Number		