Form **PA-8453-F**

PENNSYLVANIA FIDUCIARY INCOME TAX DECLARATION FOR ELECTRONIC FILING

2015

For the year Jan. 1 – Dec. 31, 2015

	Name of Estate or Trust				Employer Identification Number			
Print	Name and Title of Fiduciary							
or	Address (Number and Street including Rural Route or P.O. Box)							
Туре								
	City, Town or Post Office			Sta	State ZIP Code			
	The above information must match that	on the electroni	ic return exactly					
Part I	Tax Return Information (Enter w		-					
	1 Net PA tayable income (Form PA.41 Line 9)							
	2. PA tax liability (Form PA-41, Line 12)							
	3. Total Payments and Credits (Form PA-41, Line 18)							
	4. Overpayment (Form PA-41, Line 23)							
	5. Total payment (tax due) (Form PA-41, Line 22)							
Part II	Direct Deposit of Refund or Ele	ctronic Funds	Withdrawal a	of Tax D	ue (Opt	ional – See	e instructions.)	
STAPLE COPY OF STATE W-2(s), W-2G and 1099(s) HERE	6. Routing transit number (RTN)					ers of the RT r 21 through :	N must	
	7. Depositor account number (DAN)							
APLE VTE W-: d 1099	8. Type of account:	Checking	g 🗌 Savir	igs				
STA STA	9. Debit date							
Part II	Declaration of Taxpayers (Sign	only after Part	l is complete.)					
	 10. a. I consent for the refund from the 2015 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 financial institution account indicated for payment of the estate's or trust's taxes owed on this return, and I authorize the financial institution to debit entry to this account. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confider information necessary to answer inquires and resolve issues related to the payment. To revoke a payment, I may revoke this authorization notifying the PA Department of Revenue no later than two business days prior to the payment (settlement) date. I understand notification must made in writing by e-mail to ra-achrevok@pa.gov or by fax to 717-772-9310.							
Tax Return. best of my l sent to the F	alties of perjury, I declare that the amounts above mato I have also examined a copy of the return being filed knowledge and belief, they are true, correct and comp PA Department of Revenue by the transmitter. I also co sion and an indication of whether or not the return is a	electronically with the plete. If I am not the nsent to the PA Depa	transmitter, I consen artment of Revenue s	Revenue and the reservence at that the reservence to the the the reservence at the the the the the the the the the th	nd all accor eturn and a ERO and/o	npanying sche ccompanying	edules and statements. To the schedules and statements be	
Sign Here	Signature of Fiduciary or Officer						Date	
Part IV	,	Originator (FRO) and Pair	Prena	rer (See	instruction		
I declare that a collector, I fiduciary wil PA Departm penalties of	at I have reviewed the above-referenced estate or trust I am not responsible for reviewing the return, and only II have signed this form before I submit the return. I will nent of Revenue, and I have followed all other requirer perjury, I declare that I have examined the above-refer they are true, correct and complete. Declaration of pre	t return and that the e v declare that this for l give the fiduciary or nents described in R renced estate or trus	entries on PA-8435-F m accurately reflects r officer representing REV-993, Pennsylvan st return and accompa	are comple the data or the fiduciar ia Fed/State anying sche	ete and corr in the return y a copy of e E-file Han dules and s	ect to the best . The fiduciary all forms and idbook. If I am statements, an	of my knowledge. If I am only or an officer representing the information to be filed with the also the paid preparer, under	
ERO's Use Only	ERO's signature	Date	Check if also paid preparer		k if employed		l or PTIN	
	Firm's name (or yours, if self-employed) and address Daytime Telephone Number ()							
	Preparer's signature	Date	Check if also	Chec	k if		v or PTIN	
Paid Preparer Use Only			paid preparer	self-e	employed			
Use Only	address			Day	time Teleph	one Number ()	

KEEP THIS FORM AND THE REQUIRED ATTACHMENTS FOR THREE YEARS.