

PA-8453 (EX) 03-24 (FI)

PENNSYLVANIA INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

2024

For the year Jan. 1 – Dec. 31, 2024				Decla	Declaration Control Number/Submission ID									
Primary Taxpayer's Social Security Number				Seco	Secondary Taxpayer's Social Security Number									
Last Name			Primary Ta	axpayer's Name	e, Initial; S	Secondary	Taxpaye	r's First Na	me, Initial;	; Sec	ondary Taxpay	er's Last	t Name (only if di	fferent)
Home Addres	ss (Numl	per and Street including F	Rural Route	or P.O. Box)										
City						(State	ZIP	Code	Daytime Telephone Number				
			The above	ve information	must ma	tch that o	n the ele	ectronic re	turn exac	tly.				
Mark Proper	Filing S	status S Single	e M 🗆	Married, Filing	Separate	ely J \square	⊃ Marrie	ed, Filing Jo	ointly D		Deceased	F	Final Return	
SECTIO	N I	TAX RETURN	INFORM	MATION (who	le dollars	only)								
1. Adjusted PA	A taxable	e income (Form PA-40, Li	ne 11)								1			
2. PA tax liabi	lity (Forr	m PA-40, Line 12)									2			
3. Total PA tax	x withhe	ld (Form PA-40, Line 13)									3			
4. Amount to	be refun	ded (Form PA-40, Line 30	0)								4			
		due) (Form PA-40, Line 2	,											
	`													
SECTIO	N II									. OF	TAX DUE (optional - see instructions)			
STAPLE COF STATE W-2(s)	, W-2G	Routing transit numbe	er (RTN)	7. Depositor ad	ccount nu	ımber (DAİ	N)	8. Type of	account: Checking	J	Saving	gs	9. Debit date	
and 1099(s) I	HERE	NOTE: The first two num	bers of the	RTN must be 0	1 through	12 or 21 t	hrough 3	2.						
SECTIO	N III	DECLARATIO	N OF TA	XPAYERS (s	ign only	after Sect	tion I is o	complete)						
10. a. I consent for my refund to be directly deposited as designated in Section 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. If I have filed a joint return, this is an irrevocable appointment of the other Taxpayer 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 designated account for Pennsylvania taxes owed. 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 of taxes to receive confidential information necessary to answer inquiries and resolve issues related to my payment. I certify the funds for this withdraw are originating from an account within the U.S. or one of its territories. I may revoke this authorization by notifying the Pennsylvania Department of Revenue no later than two business days prior to the payment (settlement) date. I understand notification must be made in writing by email to ra-achrevok@pa.gov. If I have filed a balance-due return, I understand that if the PA Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax and all applicable interest and penalties. If I have filed a joint federal and state tax return and there is an error on my state return, I understand my federal return will be rejected. I declare under penalties of perjury that I have compared the information on my return with the information pretaring to return originator and the amounts match those on my 2024 PA Tax Return (PA-40). To the best of my knowledge, my return is true and complete. I authorize my electronic return originator and the amounts match those on my 2024 PA Tax Return (PA-40). To the best of my knowledge, my return i										account to account to g of my s for this Revenue v. In the tax ejected. I s match urn and by using software this form Expayer's IRS and book for urn and by urn and by using software this form				
documents fo	r three y	ules and statements, and ears. Signature	d to the be	st of my knowle		y are true Date	and com		derstand t	that I	am required to		his form and sup	porting
ERO'S	Firm's Name (or yours if self-employed)						d preparer		self-employed					
USE ONLY														
	Address			City			State		ZIP Code	Ph	one Number			
PAID	Prepar	er's Signature						Date			Mark if self-employ	I .	N/SSN or PTIN	
PREPARER'S Firm's Name (or yours if self-employed) USE														
ONLY Address			City				State		ZIP Code	Phone Number				





Instructions for PA-8453

Individual Income Tax Declaration for Electronic Filing

PA-8453 IN (EX) 03-24

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, electronic return originators (EROs) and transmitters must 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, which-ever 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

SUBMISSION ID

The Submission ID is a 20-digit number assigned by the ERO to a taxpayer's 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 on the electronically filed PA-40.

SECTION 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 30, Form PA-40.

LINE 5

Enter total payment (tax due), from Line 28, Form PA-40.

Taxpayers are responsible for submitting payment due to the PA Department of Revenue by April 15, 2025.

Payment may be sent along with Form PA-40 V. If Form PA-40 V was not received, it may be completed online, printed, and mailed to the department with payment. 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, "2024 PA-40 V" and daytime telephone number should be written on the payment.

PA DEPT. OF REVENUE PAYMENT ENCLOSED 1 REVENUE PLACE HARRISBURG PA 17129-0001

SECTION 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 Section 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.

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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

Mark the appropriate box.

LINE 9

Debit date – Enter the date the taxpayer wants the payment electronically withdrawn, on or before April 15, 2025.

NOTE: 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.

SECTION III

DECLARATION OF TAXPAYER

LINE 10

All filers must mark 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 emailed to ra-achrevok@pa.gov.

After a return has been prepared and before the return is transmitted, the taxpayer (or both taxpayers, if filing jointly) must verify the information on the return and sign and date the completed Form PA-8453. If you are responsible for the affairs of a minor, disabled person, or a decedent who could not prepare his or her own PA tax return, you must sign to file a valid tax return. 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.

SECTION IV

DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PREPARER

The ERO must 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, mark the box labeled "Mark if also paid preparer."

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