Form PA-8453-C	DECLARATION FOR A STATE e-file REPORT				2013
pennsylvania DEPARTMENT OF REVENUE	For calendar year 2013 or tax year beginning	, 2013, ending	, 20		Employer Identification Number
Name of Corporation					
Address	City	State	ZIP		Revenue ID Number
PART I TAX REPOR	T INFORMATION (Whole dollars only.)				
1. Total Book Income (F					
2. Capital Stock/Foreigr					
3. Income or Loss from					
4. PA Taxable Income or Loss (Form RCT-101, Section C, Line 12) 4.					
5. Corporate Net Incom					

PENNSYLVANIA CORPORATION TAX

6a. I consent that the corporation's refund check can be mailed directly to the address provided on the RCT-101.

6b. I do not want a refund mailed to the corporation, or the corporation is not receiving a refund.

6c. I authorize (1) the PA Department of Revenue and its designated financial institution to initiate an electronic funds withdrawal entry to my financial institution account designated in the electronic portion of my 2013 Pennsylvania Corporate Tax Report for payment of my state taxes owed; and (2) my financial institution to debit the entry to my account. I also authorize 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 can revoke this authorization by notifying the PA Department of Revenue no later than two business days prior to the payment date. I understand notification must be made by calling 717-783-6277.

PART II DECLARATION OF OFFICER (See instructions.) Keep a copy of the corporation's tax report (RCT-101).

If I filed a balance-due report, I understand if the PA Department of Revenue does not receive full and timely payment of my tax liability, I remain liable for the tax due and all applicable interest and penalties. If I filed a joint federal and state tax return/report and there is an error on my federal return, I understand my state report will be rejected.

Under penalties of perjury, I declare I am an officer of the above-named corporation and the information I provided to my electronic return originator (ERO) and/or transmitter and the amounts in Part I above agree with the amounts on the corresponding lines of the corporation's 2013 Pennsylvania Corporate Tax Report. To the best of my knowledge and belief, the corporation's report is true, correct and complete. I consent to my ERO and/or transmitter sending the corporation's report and accompanying schedules and statements to the Internal Revenue Service (IRS) and subsequently by the IRS to the PA Department of Revenue. I also consent to the PA Department of Revenue sending my ERO and/or transmitter, through the IRS, an acknowledgment of receipt of transmission, an indication of whether or not the corporation's report is accepted and, if rejected, the reason(s) for rejection.

SIGN HERE	Signature of Officer	Date	Title		Social Security number
7	Address	City		State	ZIP

PART III DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER (See instructions.)

I declare I have reviewed the above-named corporation's report, and the entries on Form PA 8453-C are complete and correct to the best of my knowledge. I obtained the corporate officer's signature on this form before submitting the report to the PA Department of Revenue, provided the corporate officer a copy of all forms and information to be filed with the PA Department of Revenue and followed all other requirements specified by the PA Department of Revenue and in IRS Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers of Forms 1120/1120S. If I am also the preparer, under penalties of perjury I declare I examined the above-named corporation's report, accompanying schedules and statements, and to the best of my knowledge they are true, correct and complete. I understand I am required to keep this form and the supporting documents for three years.

ERO'S	ERO's Signature		Date	Check if also paid preparer	Check if self-employed	ERO's SSN or PTIN	
USE ONLY	Firm's name (or yours if self-employed), address and ZIP code	▶			Telephone Number	EIN	
Under penalties of perjury, I declare I examined the above-named corporation's report, accompanying schedules and statements, and to the best of my knowledge and belief they are true, correct and complete.							
PAID	Preparer's Signature			Date	Check if self-employed	Preparer's SSN or PTIN	
PREPAR USE ONLY	ER'S Firm's name (or yours if self-employed), address and ZIP code	•			Telephone Number	<u>.</u>	
ELECTRONIC RETURN ORIGINATORS (EROS) AND PAID PREPARERS ARE REQUIRED TO KEEP THIS FORM AND REQUIRED ATTACHMENTS FOR THREE YEARS.							