

PENNSYLVANIA CORPORATION TAX DECLARATION FOR A STATE e-file REPORT

2015



For calendar year 2015 or tax year beginning _____, 2015, ending _____, 20____

Employer Identification Number

Name of Corporation

Address

City

State

ZIP

Revenue ID Number

PART I TAX REPORT INFORMATION (Whole dollars only.)

1. Total Book Income (From RCT-101, Section A, Line 2)	1.	
2. Capital Stock/Foreign Franchise Tax (From RCT-101, Section A, Line 18)	2.	
3. Income or Loss from Federal Return on a Separate Company Basis (From RCT-101, Section C, Line 1)	3.	
4. PA Taxable Income or Loss (From RCT-101, Section C, Line 12)	4.	
5. Corporate Net Income Tax (From RCT-101, Section C, Line 13)	5.	

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

- 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 2015 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.

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 2015 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
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 and belief. 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 and belief they are true, correct and complete. I understand I am required to keep this form and the supporting documents for three years.

ERO'S USE ONLY	ERO's Signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address and ZIP code				EIN
					Telephone Number

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 USE ONLY	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address and ZIP code			
				Telephone Number

ELECTRONIC RETURN ORIGINATORS (EROs) AND PAID PREPARERS ARE REQUIRED TO KEEP THIS FORM AND REQUIRED ATTACHMENTS FOR THREE YEARS.