

**DO NOT SEND THIS VA-8879F TO THE VA DEPT OF TAXATION OR THE IRS.
IT MUST BE MAINTAINED IN YOUR FILES!**

| Fiduciary Name | Federal ID Number |
|--|-------------------|
| Part I Tax Return Information | |
| 1. Federal Taxable Income (Form 770, Page 1, Line 1) | 1. |
| 2. Virginia Taxable Income (Form 770, Page 1, Line 3) | 2. |
| 3. Income tax (Form 770, Page 1, Line 4) | 3. |
| 4. Total payments and credits (Form 770, Page 1, Line 5) | 4. |
| 5. Total due (Form 770, Page 1, Line 6) | 5. |
| 6. Amount to be refunded (Form 770, Page 1, Line 9) | 6. |
| Part II Declaration and Signature Authorization of Fiduciary / Officer Representing Fiduciary | |
| <p>Under penalties of perjury, I declare to be the officer of the above fiduciary and that I have examined a copy of the fiduciary's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider including the amounts shown in Part I above agrees with the information and amounts shown on the corresponding lines of the fiduciary electronic income tax return. If filing a balance due return, I authorize the Virginia Department of Taxation and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on the 2016 Virginia income tax return for payment of state taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.</p> <p>I understand that if the Virginia Department of Taxation does not receive full and timely payment of the tax liability, the fiduciary will remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit the complete return to the Virginia Department of Taxation. I have selected a personal identification number (PIN) as my signature for the fiduciary's electronic income tax return.</p> | |
| <p>Officer's e-File PIN: check one box only</p> <p><input type="checkbox"/> I authorize the ERO named below to enter my e-File PIN as my signature on the fiduciary's 2016 electronic Virginia fiduciary income tax return.</p> <p style="text-align: center;">Do not enter all zeros</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">ERO Firm Name</p> <p><input type="checkbox"/> I will enter my e-File PIN as my signature on the fiduciary's 2016 electronic Virginia fiduciary income tax return. Check this box only if you are entering your own e-File PIN and the return is filed using the Practitioner PIN method. The ERO must complete Part III below.</p> <p>Your Signature _____ Date _____</p> | |
| Part III Certification and Authentication | |
| <p>ERO's EFIN/PIN: Enter your six digit EFIN followed by your five digit self-selected PIN. </p> <p style="text-align: center;">Do not enter all zeros</p> <p>I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2016 Virginia fiduciary income tax return for the fiduciary indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and have followed all other requirements as specified by the Department. EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.</p> <p>ERO's Signature _____ Date _____</p> | |