# STATE OF WEST VIRGINIA
## INDIVIDUAL INCOME TAX
## DECLARATION FOR ELECTRONIC FILING

**For The Year January 1 - December 31, 2005**

**WV-8453**

Rev 10/05

**IRS DCN** ▶ 0 0 – – 6

**2005**

| | | |
|---|---|---|
| **Your first name and initial** | **Last name** | **Your Social Security Number** |
| **If a joint return, spouse's first name and initial** | **Last name, if different** | **Spouse's Social Security Number** |
| **Home Address (number and street)** | | **Daytime telephone #** |
| **City, town or post office, state and ZIP code** | | |

### Part I Tax Return Information (Whole dollars only)

| | | | |
|---|---|---|---|
| **1.** | Federal Adjusted Gross Income (Form IT-140, Line 1) | **1** | |
| **2.** | West Virginia Income Tax (Form IT-140, Line 8) | **2** | |
| **3.** | Balance Due ( IT-140, Line 17) | **3** | |
| **4.** | Refund (Form IT-140, Line 22) | **4** | |

### Part II Direct Deposit or Electronic Funds Withdrawal (See Instructions)

**5. Routing transit number (RTN)** The first two numbers of the RTN must be 01 through 12 or 21 through 32

**6. Depositor account number (DAN)**

**7.** ☐ **Electronic Funds Withdrawal** (Checking Only; No Partial Payments)

**8. Type of account: Checking** ☐ **Savings (Direct Deposit Only)** ☐

### Part III Declaration of Taxpayer

I consent that my refund be directly deposited or my payment due be withdrawn by electronic debit as designated in Part II. I further authorize the State of West Virginia, to initiate debit entries and to initiate, if necessary, credit entries as adjustments for any entries in error into my Checking or Savings account as indicated above in Part II and the Financial Institution indicated above in Part II, to **credit** the same any amount(s) owed to me by the State of West Virginia. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund or authorize the electronic debit.

Under penalties of perjury, I declare that I have compared the information contained on my return with the information I have provided to my Electronic Return Originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my 2005 West Virginia income tax return. To the best of my knowledge and belief, my return is true, correct and complete. I consent that my return, including this declaration and accompanying schedules and statements, be sent to the West Virginia State Tax Department. If I have filed a joint federal and state return, I understand that, if there is an error on either return, my state return will be rejected. **If the processing of my return or refund is delayed, I authorize the State Tax Department to disclose to my ERO and/or the transmitter the reason(s) for the delay, or when the refund was sent.**

**Please Sign Here** ▶ **Your signature** **Date** ▶ **Spouse's signature** **Date**

### Part IV Declaration & Signature of Electronic Return Originator (ERO) & Paid Preparer

I declare that I have reviewed the above taxpayer's return and that entries on Form WV-8453 are complete and correct to the best of my knowledge. (ERO's who are collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that Form WV-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature on Form WV-8453 before submitting this return to the State Tax Department, have provided the taxpayer with a copy of all forms and information to be filed with the West Virginia State Tax Department , and have followed all other requirements described in the West Virginia Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2005). If I am also the Paid Preparer, under penalty of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief they are true, correct, and complete. Declaration of preparer is based on all information of which preparer has any knowledge.

| | | | |
|---|---|---|---|
| ▶ **ERO's Signature** | **Date** | **Check if:** Paid Preparer ☐ Self-Employed ☐ | **Your PTIN/SSN** |
| ▶ **Firm's name (or yours, if self-employed) and address** | | **Phone #** | **EI No.** |
| | | | **Zip Code** |

**ERO's are instructed to retain the WV-8453 and all supporting documents for not less than three (3) years.**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer is based on all information of which preparer has any knowledge.

| | | | | |
|---|---|---|---|---|
| **Paid Preparer's Use Only** | ▶ **Preparer's Signature** | **Date** | **Check if:** Self-Employed ☐ | **Preparer's PTIN/SSN** |
| | ▶ **Firm's name (or yours, if self-employed) and address** | | **Phone #** | **EI No.** |
| | | | | **Zip Code** |

**NOTE:** Part IV of this form **MUST** be completed in full as required. ERO's are required to file and hold this document and all attachments for three (3) years from date filed.

**DO NOT USE SPACE BELOW**

STATE OF WEST VIRGINIA