

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
INDIVIDUAL INCOME TAX
DECLARATION FOR ELECTRONIC FILING

SC8453
(Rev. 6/13/08)
3299

Form with fields for: Your first name and initial, Last name, Your social security number, If joint return, spouse's first name and initial, Last name, if different, Spouse's social security number, Home address, Daytime telephone #, Tax Year, City, town or post office, state and ZIP code.

Table with 8 rows and 3 columns: Line number, Description (e.g., Federal taxable income, Net SC tax), and Amount. Total Tax is 00.

Part II Direct Deposit of Refund or EFW Payment of Tax Due (Optional - See instructions.)
9. Routing transit number (RTN)
10. Bank account number (BAN)
11. Type of account: Checking Savings
12. Withdrawal Date Withdrawal Amount \$

Part III Declaration of Taxpayer (Sign only after Part I is completed.)
13. a. I consent that my refund be directly deposited as designated in Part II...
b. I do not want direct deposit of my refund or am not receiving a refund.
c. I authorize (1) the South Carolina Department of Revenue and its designated financial agents to initiate an Electronic Funds Withdrawal (payment) entry to my financial institution account...
Sign Here: Your signature, Date, Spouse's signature (If joint, BOTH must sign), Date

Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer (See Instructions.)
I declare that I have received the above taxpayer's return and the entries on this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature on this form before submitting this return to the SC Department of Revenue. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and the SC Department of Revenue, and have followed all other requirements described in the IRS Pub. 1345 Authorized IRS e-file Providers of Individual Tax Returns, and requirements specified by the SC Department of Revenue. If I am the preparer, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge, they are true and complete. This declaration is based on all information of which I have knowledge understand I do not mail this form. I am required to keep this form and the supporting documents for three (3) years.
ERO's Use Only: ERO signature, Date, Check if also paid preparer, Check if self-employed, Your social security number, Firm name (or yours if self-employed) and address, E.I. No., ZIP code.
Paid Preparer's Use Only: Preparer signature, Date, Check if self-employed, Preparer's social security no., Firm name (or yours if self-employed) and address, E.I. No., ZIP code.

D
O
N
O
T
M
A
I
L
K
E
E
P
F
O
R
Y
O
U
R
R
E
C
O
R
D
S