

Submission Number

[illegible]

Tax Year Ending	99	99	9999
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YOU MUST ENTER FEIN/SSN

Entity FEIN	9999999999
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Decedent/Debtor SSN	9999999999
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Decedent/Debtor SSN

(ROUND TO THE NEAREST DOLLAR)

[illegible]

2	9999999999999999
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[illegible][illegible][illegible]

1	Routing number	999999999	3	Type of account:	Checking	<input checked="" type="checkbox"/>	Savings	<input checked="" type="checkbox"/>
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1	Routing number	999999999	3	Type of account:	Checking	<input checked="" type="checkbox"/>	Savings	<input checked="" type="checkbox"/>
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[illegible]

4	Routing number	999999999	6	Type of account:	Checking	<input checked="" type="checkbox"/>	Savings	<input checked="" type="checkbox"/>
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[illegible]

My request for direct deposit/direct debit of my refund/payment includes my authorization for the Mississippi Department of Revenue to furnish my financial institution with my routing number, account number, account type, and social security number to insure my refund/payment is properly processed.

PART III: DECLARATION OF FIDUCIARY

Under penalties of perjury, I declare that I have compared the information contained on my income tax 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 Mississippi income tax return. To the best of my knowledge and belief, my return is true, correct and complete. This declaration is to be maintained by the electronic return originator and provided to Mississippi Department of Revenue on request.

Signature of fiduciary or officer representing fiduciary	Date
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PART IV: DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

Under penalties of perjury, I declare that I have reviewed the above fiduciary's return and that the entries on this form (MS8453-F) are complete and correct to the best of my knowledge. I have obtained the fiduciary's signature and will maintain this return for the Mississippi Department of Revenue as part of my permanent records. Upon written request, I will furnish this return to the Mississippi Department of Revenue. I have provided the taxpayer with a copy of all forms and information to be filed electronically with the Mississippi Department of Revenue and have followed all other requirements described in the Mississippi Handbook for Electronic Filers and any additional requirements specified by the Mississippi Department of Revenue. If I am the paid preparer, 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.

ERO Use Only	ERO Signature	Date	Check if Also Paid Preparer <input checked="" type="checkbox"/>	Check if Self- Employed <input checked="" type="checkbox"/>	ERO SSN or PTIN
					999999

Firm Name (or yours if self-	X9X9X9X9X9X9X9	X9X9X9X9X9X9X9	XX	99999	999999999
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employed), address and ZIP code	Phone No.
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	(999) 999-9999
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Under penalties 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. This declaration is based on all information of which I have any knowledge.

Paid Preparer Use Only	Preparer Signature	Date	Check if Also Paid Preparer <input checked="" type="checkbox"/>	Check if Self-Employed <input checked="" type="checkbox"/>	Preparer SSN or PTIN
					999999

[illegible]

Firm Name (or yours if self-	X9X9X9X9X9X9X9	X9X9X9X9X9X9X9	XX	999999	9999999999
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employed), address and ZIP code _____ Phone No. _____

(999) 999-9999