

For calendar year 2021, or tax year beginning _____, 2021, ending _____, 20_____

2021

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879C for the latest information.

Name of corporation _____

Employer identification number _____

Part I Tax Return Information (Whole dollars only)

1	Total income (Form 1120, line 11)	1	
2	Taxable income (Form 1120, line 30)	2	
3	Total tax (Form 1120, line 31)	3	
4	Amount owed (Form 1120, line 35)	4	
5	Overpayment (Form 1120, line 36)	5	

Part II Declaration and Signature Authorization of Officer. Be sure to get a copy of the corporation's return.

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2021 electronic income tax 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 amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than 2 business days prior to the payment (settlement) date. 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 have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize _____ to enter my PIN _____ as my signature
ERO firm name do not enter all zeros
on the corporation's 2021 electronically filed income tax return.

As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2021 electronically filed income tax return.

Officer's signature ► _____ Date ► _____ Title ► _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112**, IRS e-file Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► _____ Date ► _____

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So



ERO MUST RETAIN THIS FORM.
DO NOT SUBMIT THIS FORM TO
 GEORGIA DEPARTMENT OF REVENUE
 UNLESS REQUESTED TO DO SO.

IRS DCN OR SUBMISSION ID

GA-8453C
2021

GEORGIA CORPORATE INCOME TAX DECLARATION FOR ELECTRONIC FILING
SUMMARY OF AGREEMENT BETWEEN TAXPAYER AND ERO OR PAID PREPARER

GA Consolidated Subsidiary Address Change Final Return
 Consolidated Parent FEIN Name Change Amended Due to IRS Audit

2021 Income Tax Return	2022 Net Worth Return
Beginning _____	Beginning _____
Ending _____	Ending _____

Consolidated GA Parent IT-552 Attached PL 86-272
 Original Return Initial Net Worth UET Annualization Exception
 Amended Return Extension

Federal Employer ID Number	Name (Corporate title)	Date admitted into GA
Location of Records (City & State)	Business Address	Incorporated under laws of what state
Corporation's Telephone Number	City or Town State Zip Code	NAICS Code

PART I TAX RETURN INFORMATION

1. Federal taxable income (Form 600, Sch 1, Line 1)	1.	
2. Georgia taxable income (Form 600, Sch 1, Line 7)	2.	
3. Net Worth (Form 600, Sch 2, Line 4)	3.	
4. Net Worth Taxable by Georgia (Form 600, Sch 2, Line 6)	4.	
5. Tax Amounts (Form 600, Sch 3, Line 1) Income <input type="text"/> Net Worth <input type="text"/>		
6. Balance of Tax due with return (Form 600, Sch 3, Line 11)	6.	
7. Refund (Form 600, Sch 3, Line 12) Credited to 2022 <input type="text"/> Refunded <input type="text"/>		

PART II DECLARATION OF CORPORATE OFFICER

Under penalties of perjury, I declare that the information I have provided to the corporation's Electronic Return Originator (ERO) and/or Online Service Provider and/or Transmitter and the amounts shown in Part I agree with the amounts shown on the corresponding lines of the electronic portion of the corporation's 2021 Georgia Corporate Income Tax Return. I declare that I have examined the corporation's tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, the corporation's return is true, correct and complete. I consent that the electronic portion of the corporation's return may be sent by my ERO/Online Service Provider/Transmitter.

SIGN HERE SIGNATURE OF OFFICER _____ DATE _____ TITLE _____
 PRINT NAME _____ EMAIL _____

PART III DECLARATION OF ELECTRONIC RETURNS ORIGINATOR AND PAID PREPARER

I DECLARE THAT I HAVE REVIEWED THE ABOVE CORPORATION'S RETURN AND THAT THE ENTRIES ON THE GA-8453C ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

ERO's Use Only	ERO's Signature _____	Date _____
	Firm's Name _____	Check also if paid preparer <input type="checkbox"/>
	Address _____	
	City, State & Zip Code _____	

IF PREPARED BY A PERSON OTHER THAN THE TAXPAYER, THIS DECLARATION IS BASED ON ALL THE INFORMATION OF WHICH THE PREPARER HAS ANY KNOWLEDGE.

Paid Preparer's Use Only	Paid Preparer's Signature _____	Date _____
	Firm's Name _____	FEIN/PTIN _____
	Address _____	SSN/TIN _____
	City, State & Zip Code _____	

KEEP A COPY WITH YOUR RECORDS