

▶ **ERO must obtain and retain completed Form 8879-S.**
▶ **Go to www.irs.gov/Form8879S for the latest information.**

2021

Department of the Treasury
Internal Revenue Service

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

Name of corporation _____

Employer identification number _____

Part I Tax Return Information (whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1120-S, line 1c)	1	
2	Gross profit (Form 1120-S, line 3)	2	
3	Ordinary business income (loss) (Form 1120-S, line 21)	3	
4	Net rental real estate income (loss) (Form 1120-S, Schedule K, line 2)	4	
5	Income (loss) reconciliation (Form 1120-S, Schedule K, line 18)	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 **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 Don't 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. _____
Don't 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
Don't 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-8453S
2021

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

2021 Income Tax Return	2022 Net Worth Return	<input type="checkbox"/> UET Annualization Exception attached	<input type="checkbox"/> Amended Due to IRS Audit
Beginning _____	Beginning _____	<input type="checkbox"/> C Corp Last Year	<input type="checkbox"/> Initial Net Worth
Ending _____	Ending _____	<input type="checkbox"/> Composite Return Filed	<input type="checkbox"/> Extension
		<input type="checkbox"/> Original Return	<input type="checkbox"/> PL 86-272
		<input type="checkbox"/> Amended Return	<input type="checkbox"/> QSSS Exempt
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 ordinary income (Form 600S, Line S)	1. _____
2. Total Income for Georgia purposes (Form 600S, Sch 6, Line 11)	2. _____
3. Net Worth (Form 600S, Sch 3, Line 4)	3. _____
4. Net Worth Taxable by Georgia (Form 600S, Sch 3, Line 6)	4. _____
5. Tax Amounts (Form 600S, Sch 4, Line 1) Income <input type="text"/> Net Worth	
6. Balance of Tax due with return (Form 600S, Sch 4, Line 10)	6. _____
7. Refund (Form 600S, Sch 4, Line 11) Credited to 2022 <input type="text"/> Refunded	

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 S 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** _____ **E-MAIL** _____

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-8453S 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 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