

# E-file Authorization for Corporations

(Rev. December 2024)

For calendar year 20\_\_\_\_, or tax year beginning \_\_\_\_\_, 20\_\_\_\_, ending \_\_\_\_\_, 20\_\_\_\_

OMB No. 1545-0123

Department of the Treasury  
Internal Revenue Service

**For use with Form 1120 series returns.**  
**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879CORP](http://www.irs.gov/Form8879CORP) for the latest information.**

Name of corporation \_\_\_\_\_

Employer identification number \_\_\_\_\_

## Part I Information (Whole dollars only)

1	Total income (Form 1120, line 11) . . . . .	1	
2	Total income (Form 1120-F, Section II, line 11) . . . . .	2	
3	Total income (loss) (Form 1120-S, line 6) . . . . .	3	
4	Total income (Form 1120 _____, line _____) . . . . .	4	

## 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 electronic income tax return and accompanying schedules and statements, and to the best of my knowledge and belief, they are 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 acknowledgment 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 do not enter all zeros  
 on the corporation's electronically filed income tax return.

As an officer of the corporation, I will enter my PIN as my signature on the corporation's 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 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-8453S**  
**2024**

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

<input type="checkbox"/>	S Corporation elects to pay the tax at the entity level	<input type="checkbox"/>	Amended Due to IRS Audit
<input type="checkbox"/>	UET Annualization Exception attached	<input type="checkbox"/>	Initial Net Worth
<input type="checkbox"/>	C Corp Last Year	<input type="checkbox"/>	Extension
<input type="checkbox"/>	Composite Return Filed	<input type="checkbox"/>	PL 86-272
<input type="checkbox"/>	Original Return	<input type="checkbox"/>	QSSS Exempt
<input type="checkbox"/>	Amended Return	<input type="checkbox"/>	
<input type="checkbox"/>	Name Change		
<input type="checkbox"/>	Address Change		
<input type="checkbox"/>	Final Return		

<b>2024 Income Tax Return</b>	<b>2025 Net Worth Return</b>
Beginning _____	Beginning _____
Ending _____	Ending _____

Federal Employer ID Number		Name (Corporate title)			Date admitted into GA	
Location of Records (City, State & Country)			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, Schedule 6, Line 1) .....	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. Amount Due with return (Form 600S, Sch 4, Line 10) .....	6.	
7. Refund (Form 600S, Sch 4, Line 11) ..... Credited to 2025 <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 2024 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.

<b>ERO's Use Only</b>	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.

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

**KEEP A COPY WITH YOUR RECORDS**