

Do not file paper copies. This form is to be maintained by ERO.

For calendar year 2016, or tax year beginning \_\_\_\_\_, 2016, ending \_\_\_\_\_, 2017

**PLEASE PRINT OR TYPE.**

|                                  |  |   |           |
|----------------------------------|--|---|-----------|
| Name of Estate or Trust          |  |   |           |
| Louisiana Revenue Account Number |  | Federal Employer Identification Number (FEIN) |           |
| Address of Estate or Trust       |  | City  | State ZIP |

**Part 1 - Tax Return Information (whole dollars only)**

|   |  |   |     |
|---|--|---|-----|
| 1 | Income tax due after Priority 1 Credits (Form IT-541, Line 12) | 1 | .00 |
| 2 | Refund (Form IT-541, Line 29)                                  | 2 | .00 |
| 3 | Total amount due (Form IT-541, Line 34)                        | 3 | .00 |
| 4 | Amount of payment remitted electronically                      | 4 | .00 |

**Part II - Declaration of Fiduciary (Sign only after Part I is completed.)**

Under penalties of perjury, I declare that I am the fiduciary or trustee of the above entity and that the information that I have given my electronic return originator (ERO), transmitter, and/or intermediate service provider (ISP) and the amounts in Part 1 above agree with the amounts on the corresponding lines of the Louisiana 2016 Fiduciary Income tax return. To the best of my knowledge and belief, the estate's or trust's return is true, correct, and complete. I consent to my ERO, transmitter, and/or ISP sending the estate's or trust's return, this declaration, accompanying schedules, and statements to the Louisiana Department of Revenue. I also consent to the Louisiana Department of Revenue sending my ERO, transmitter, and/or ISP an acknowledgment of receipt of transmission and an indication of whether or not the estate's or trust's return is accepted, and, if rejected, the reason(s) for the rejection.

I authorize a representative of the Louisiana Department of Revenue to discuss my return and attachments with my preparer.

|                           |                   |       |
|---------------------------|-------------------|-------|
| Signature of Officer<br>X | Date (mm/dd/yyyy) | Title |
|---------------------------|-------------------|-------|

**Part III - Declaration of Electronic Return Originator (ERO) and Paid Preparer**

I declare that I have reviewed the above estate's or trust's return and that the entries on LA8453-F are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The fiduciary or trustee will have signed this form before I submit the return. I will give the fiduciary or trustee a copy of all forms and information to be filed with the Louisiana Department of Revenue, and have followed all other requirements in Pub. 3112, IRS E-file Application and Participation, and Pub. 4163, Modernized E-File Information for Authorized IRS E-Providers. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above estate's or trust's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

**ERO's Use Only**

|   |                   |  |   |                   |
|---|-------------------|--|---|-------------------|
| ERO'S Signature<br>X                    | Date (mm/dd/yyyy) | <input type="checkbox"/> Check if also paid preparer | <input type="checkbox"/> Check if self-employed | ERO's SSN or PTIN |
| Firm's Name (or yours if self-employed) |                   |  |   | EIN               |
| City                                    |                   | State  | ZIP   | Phone Number      |

**Paid Preparer's Use only**

|   |                   |   |                        |              |
|---|-------------------|---|------------------------|--------------|
| Preparer's Signature<br>X               | Date (mm/dd/yyyy) | <input type="checkbox"/> Check if self-employed | Preparer's SSN or PTIN |              |
| Firm's Name (or yours if self-employed) |                   |   |                        | EIN          |
| City                                    |                   | State   | ZIP                    | Phone Number |