Louisiana Department of Revenue Fiduciary Income Tax Declaration for Electronic Filing

2021 LA8453-F

Do r	not file paper copies. This form must be m	aintained by the Electr	onic Retu	ırn Origin	ator (ERO).			
For	calendar year 2021, or tax year beginning	g, 2021	, ending ₋		, 2022			
						PL	EASE PRINT OR TYPE	
Nan	ne of Estate or Trust							
Louisiana Revenue Account Number				Federal Employer Identification Number (FEIN)				
Address of Estate or Trust			City		State	State ZIP		
	rt 1 - Tax Return Information (whole Income tax due after Priority 1 Credits (-			4			
1	`			1 2		.00		
2	Refund (Form IT-541, Line 27)							
3	Total amount due (Form IT-541, Line 32)			4		.00.		
	Amount of payment remitted electronically rt II - Declaration of Fiduciary (Sign only after Part I is completed.)							
lines of the Louisiana 2021 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 Date (mm/dd/yyyy) Title								
Par	rt III - Declaration of Electronic Return	Originator (ERO) and	Daid Pro	narer				
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		Date (mm/dd/yyyy)	☐ Check if also		☐ Check if	ERO's SSN	ERO's SSN or PTIN	
Firm's Name (or yours if self-employed)					self-employe	FEIN	FEIN	
City				State	ZIP	Phone Nun	Phone Number	
Pai	d Preparer's Use only							
Prep	parer's Signature	Date (mm/dd/yyyy)	ate (mm/dd/yyyy)			Preparer's SSN or PTIN		
Firm	n's Name (or yours if self-employed)	I	I		1	FEIN		
City				State	ZIP	Phone Nun	nber	