|                                                                             | atior<br>]                                                             | Contr                      | ol Num                                                     | iber (                                                                          | (DCN)    | ГТ     | <del></del> | <del>                                      </del> |        |                                      |                         | ı       |       |                                                       |                   |          |       |                            |                  |        |                              |      |         |        |          |       |                                |
|-----------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------|------------------------------------------------------------|---------------------------------------------------------------------------------|----------|--------|-------------|---------------------------------------------------|--------|--------------------------------------|-------------------------|---------|-------|-------------------------------------------------------|-------------------|----------|-------|----------------------------|------------------|--------|------------------------------|------|---------|--------|----------|-------|--------------------------------|
| 0 0                                                                         | ]_                                                                     |                            |                                                            | Ш                                                                               |          |        |             |                                                   |        | -                                    | Ы                       | L       |       |                                                       |                   |          |       |                            | te or s          |        | ın this                      | spac | е.      |        |          |       |                                |
| <b>8</b>                                                                    | 45                                                                     | <b>i3</b> -l               | NL                                                         | U.S. Individual Income Tax Declaration                                          |          |        |             |                                                   |        |                                      |                         |         |       |                                                       | OMB No. 1545-1397 |          |       |                            |                  |        |                              |      |         |        |          |       |                                |
|                                                                             |                                                                        | _                          |                                                            | for On-Line Service Electronic Filing  For the year January 1-December 31, 1995 |          |        |             |                                                   |        |                                      |                         |         |       |                                                       |                   |          | 1995  |                            |                  |        |                              |      |         |        |          |       |                                |
| Departme<br>Internal R                                                      |                                                                        | he Treasu<br>e Service     | ry                                                         |                                                                                 |          |        |             |                                                   |        |                                      |                         | truct   |       |                                                       |                   |          |       |                            |                  |        |                              |      |         |        | <u> </u> |       |                                |
|                                                                             |                                                                        | Ĺ                          | Your f                                                     | irst name and initial                                                           |          |        |             |                                                   |        |                                      | Last name               |         |       | ) Y                                                   |                   |          | ) ٧   | our social security number |                  |        |                              |      |         |        |          |       |                                |
| Use th                                                                      |                                                                        | A<br>B<br>E<br>L<br>H<br>E | If a jo                                                    | joint return, spouse's first name and ıniti                                     |          |        |             |                                                   |        | tial                                 | Last name               |         |       |                                                       |                   | Spor     |       |                            |                  |        | use's social security number |      |         |        |          |       |                                |
| Otherv<br>please                                                            | vise,                                                                  |                            | Homo                                                       | me address (number and street). If a P.O                                        |          |        |             |                                                   |        | ) bo                                 | hox see instructions    |         |       |                                                       | Г                 | Apt. no. |       |                            |                  |        | Felephone number (optional)  |      |         |        |          |       |                                |
| print o                                                                     |                                                                        |                            | Home                                                       | no address (namber and street). If a F.O                                        |          |        |             |                                                   |        | ). DO                                | . Box, cee mediationers |         |       |                                                       |                   |          |       |                            | (                | ( )    |                              |      |         |        |          |       |                                |
| type.                                                                       |                                                                        | R                          | City, t                                                    | ity, town or post office, state, and ZIP code                                   |          |        |             |                                                   |        |                                      |                         |         |       | For Paperwork Reduction Act Notice, see instructions. |                   |          |       |                            |                  |        |                              |      |         |        |          |       |                                |
| Part                                                                        | 1                                                                      | Tax                        | Retur                                                      | n In                                                                            | forma    | ation  | (Wh         | ole c                                             | dolla  | ars                                  | only                    | /)      |       |                                                       |                   |          |       |                            |                  |        |                              |      |         |        |          |       |                                |
|                                                                             |                                                                        |                            |                                                            |                                                                                 | 1        |        |             |                                                   |        |                                      |                         |         |       |                                                       |                   |          |       |                            |                  |        |                              |      |         |        |          |       |                                |
| <b>1</b> Tot                                                                | al in                                                                  | come                       | (Form                                                      | 1040                                                                            | , line 2 | 22; Fo | orm 1       | 040A                                              | A, lin | ne 1                                 | 4; Fo                   | orm '   | 1040  | DEZ                                                   | , line            | e 4)     |       | •                          |                  |        |                              | -    | 1       |        |          | ***   |                                |
| 2 Total tax (Form 1040, line 54; Form 1040A, line 28; Form 1040EZ, line 10) |                                                                        |                            |                                                            |                                                                                 |          |        |             |                                                   | 2      |                                      |                         |         | -     |                                                       |                   |          |       |                            |                  |        |                              |      |         |        |          |       |                                |
|                                                                             |                                                                        |                            |                                                            |                                                                                 |          |        |             |                                                   |        | , line 29a; Form 1040EZ, line 7). If |                         |         |       |                                                       |                   |          |       | 3                          |                  |        |                              |      |         |        |          |       |                                |
| an                                                                          | / IS 1                                                                 | rom F                      | orm(s)                                                     | 1099                                                                            | , cnec   | KITE   | e P         | . لـــا                                           |        | •                                    | •                       |         | •     | •                                                     | • •               | •        | •     | •                          | •                | •      | •                            |      |         |        |          |       |                                |
| <b>4</b> Re                                                                 | Refund (Form 1040, line 63; Form 1040A, line 31; Form 1040EZ, line 11) |                            |                                                            |                                                                                 |          |        |             |                                                   |        |                                      | .                       | 4       |       |                                                       |                   |          |       |                            |                  |        |                              |      |         |        |          |       |                                |
| <b>5</b> Am                                                                 | noun                                                                   | t you c                    | owe (Fo                                                    | orm 1                                                                           | 1040, 1  | line 6 | 5; Fo       | rm 10                                             | 040    | A, li                                | ine 3                   | 3; Fc   | orm   | 104                                                   | 10EZ              | , lin    | e 1   | 2)                         | · ·              |        |                              |      | 5       |        |          |       |                                |
| Part                                                                        | 1                                                                      | Dire                       | ct De                                                      | posi                                                                            | it of F  | Refu   | nd (C       | ption                                             | nal-   | –s                                   | ee ii                   | nstru   | uctio | ons                                                   | .)                |          |       |                            |                  |        |                              |      |         |        |          |       |                                |
|                                                                             |                                                                        |                            |                                                            |                                                                                 |          |        |             |                                                   |        |                                      |                         |         |       | -                                                     |                   |          |       |                            |                  |        |                              |      |         |        |          |       |                                |
| rms<br>lere.                                                                | 6                                                                      | Name                       | of financial institution and, if applicable, branch name ▶ |                                                                                 |          |        |             |                                                   |        |                                      |                         |         |       |                                                       | ·                 |          |       |                            |                  |        |                              |      |         |        |          |       |                                |
| Copy B of your Forms<br>V-2G, and 1099-R here.                              |                                                                        |                            |                                                            | transit number (RTN)                                                            |          |        |             |                                                   |        | Т                                    | The first two numbers   |         |       |                                                       |                   |          |       |                            |                  |        |                              |      |         |        |          |       |                                |
|                                                                             | 7                                                                      | Routi                      | ng trar                                                    |                                                                                 |          |        |             |                                                   |        |                                      | be 01 through 12 or 21  |         |       |                                                       |                   |          | 21 th | through 32.                |                  |        |                              |      |         |        |          |       |                                |
|                                                                             |                                                                        |                            |                                                            | Γ                                                                               |          |        |             |                                                   |        |                                      |                         |         |       |                                                       | П                 |          | -     | Т                          | <del>-</del> T T |        | Τ-                           | Т    | П       |        |          |       |                                |
| Cop<br>V-2G                                                                 | 8                                                                      | Depo                       | sitor account number (DAN)                                 |                                                                                 |          |        |             |                                                   |        |                                      |                         |         |       |                                                       |                   |          | !_    |                            |                  |        | <u> </u>                     |      |         |        |          |       |                                |
| Attach<br>W-2, W                                                            | 9                                                                      | Type                       | of acc                                                     | ount:                                                                           |          |        | Che         | necking $\Box$                                    |        |                                      | ] Sa                    | Savings |       |                                                       |                   |          |       |                            |                  |        |                              |      |         |        |          |       |                                |
| ∢ ≶                                                                         | 10                                                                     | Owne                       | ership (                                                   | of ac                                                                           | count:   |        | Self        |                                                   |        |                                      | ] Sp                    | ouse    |       |                                                       |                   | Sel      | f aı  | nd S                       | pous             | se     |                              |      |         |        |          |       |                                |
| Part                                                                        | Ш                                                                      | Dec                        | larati                                                     | on o                                                                            | f Tax    | paye   | r           |                                                   |        |                                      |                         |         |       |                                                       |                   |          |       |                            |                  |        |                              |      |         |        |          |       |                                |
|                                                                             |                                                                        | omplet                     | ed Pai                                                     | <br>rt II                                                                       |          | Lco    | nsent       | that                                              | mv     | ref                                  | fund                    | be c    | direc | tlv                                                   | dep               | osite    | ed    | as c                       | esia             | nate   | ed in                        | n Pa | ırt II, | and    | ded      | clare | that the                       |
| inform                                                                      | atio                                                                   | n on lir<br>o recei        | nes 6 th                                                   | hroug                                                                           | gh 10 i  | is cor | rect.       | If I ha                                           | ave    | file                                 | d a j                   | oint r  | etur  | 'n, t                                                 | his               | s ar     | ı irı | evo                        | cable            | е ар   | poir                         | ntme | ent o   | f the  | oth      | er sp | oouse as                       |
| remair                                                                      | n liat                                                                 | ole for                    | the tax                                                    | liabi                                                                           | ility an | d all  | applic      | cable                                             | inte   | eres                                 | st and                  | d pei   | nalti | es.                                                   |                   |          |       |                            |                  |        |                              |      |         |        |          |       | lity, I wil                    |
| amou                                                                        | nts i                                                                  | n Part                     | labove                                                     | e agre                                                                          | ee wit   | h the  | amo         | unts (                                            | on t   | the                                  | corre                   | espo    | ndin  | ıg li                                                 | nes               | of the   | he    | elec                       | troni            | с ро   | ortio                        | n of | my      | 199    | 5 Fe     | dera  | and the<br>I income<br>portion |
| of my ackno                                                                 | retu<br>wled                                                           | ırn be                     | sent to                                                    | the o                                                                           | IRS I    | by m   | y OLS       | SP or                                             | r tra  | ansi                                 | mitte                   | r. I a  | llso  | cor                                                   | nsen              | t to     | th    | e IR                       | S se             | ndir   | ng t                         | o m  | y Ol    | _SP    | or ti    | ransr | nitter ar<br>reason(s          |
|                                                                             | -                                                                      |                            |                                                            |                                                                                 |          |        |             |                                                   |        |                                      |                         |         |       |                                                       |                   |          |       |                            |                  |        |                              |      |         |        |          |       |                                |
| Sign<br>Here                                                                |                                                                        | Your sig                   | ınature                                                    |                                                                                 |          |        |             |                                                   |        |                                      |                         | Date    | _     |                                                       | Spou              | se's s   | sign  | ature                      | . If a j         | oint r | eturr                        | , BO | TH m    | ust si | gn.      |       | Date                           |

# Paperwork Reduction Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is 15 minutes.

If you have comments concerning the accuracy of this time estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **DO NOT** send the form to this address. Instead, see **When and Where To File** below.

## **Purpose of Form**

Use Form 8453-OL to:

- Authenticate the electronic portion of Form 1040, 1040A, or 1040EZ,
- Send any accompanying paper schedules and statements, and
- Request that we directly deposit any refund into your bank account.

## Who Must File

If you are filing a 1995 Form 1040, 1040A, or 1040EZ through an on-line service provider (OLSP) or transmitter, you must file a signed 1995 Form 8453-OL.

## When and Where To File

You must mail this form to your OLSP or transmitter on the next working day after you have received acknowledgment from your OLSP or transmitter that the IRS has accepted your electronically filed return. The address should be included in your acknowledgment message.

#### Line Instructions

#### **Declaration Control Number (DCN).**

The DCN is a 14-digit number assigned to your return by your OLSP or transmitter. It is included in your acknowledgment message. Clearly type or print the DCN in the top left corner of Form 8453-OL. The number should be in the following format:

| Boxes | Entry                                                                                                   |
|-------|---------------------------------------------------------------------------------------------------------|
| 1–2   | File identification number (always "00")                                                                |
| 3–8   | Electronic filer identification<br>number (EFIN) assigned to-<br>your OLSP or transmitter by<br>the IRS |
| 9–11  | Batch number (000 to 999) assigned by your OLSP or transmitter                                          |
| 12–13 | Serial number (00 to 99) assigned by your OLSP or transmitter                                           |
| 14    | Year digit (for returns filed in 1996, the year digit is "6")                                           |

**Example.** The EFIN is 509325. The batch number is 000. The serial number is 56. The DCN is 00-509325-00056-6.

Name, Address, and Social Security Number (SSN). If you received a peel-off label from the IRS, place it in the name area. Cross out any errors and print the correct information. Add any missing items, such as apartment number. If you did not receive a label, print or type the information in the spaces provided. Make sure your SSN is clear and correct. An incorrect or missing SSN may delay any refund. If a joint return, be sure the names and SSNs are listed in the same order.

**P.O. Box.** If the post office does not deliver mail to your home and you have a P.O. box, enter the box number.

**Note:** The address must match the address shown on your electronically filed return.

## Part I—Tax Return Information

**Line 3.** If you have any withholding from Form(s) 1099, include it in the amount you enter on line 3 and check the box.

Line 5. Do not attach your check or money order to Form 8453-OL. Instead, mail it by April 15, 1996, with Form 1040-V, Payment Voucher, to the Internal Revenue Service, P.O. Box 970016, St. Louis, MO 63197-0016. You may have received a Form 1040-V with your tax package. If not, you may be able to get Form 1040-V from your OLSP or transmitter or you can call the IRS at 1-800-TAX-FORM (1-800-829-3676).

#### Part II—Direct Deposit of Refund

Complete this part if you choose to have your refund directly deposited. Your routing transit number (RTN) and depositor account number (DAN) may be shown on the bottom left of your check.

For accounts payable through a financial institution other than the one at which the account is located, you must enter the RTN of the bank or institution where the account is located. You may find this information on your account statement or account identification card.



If you have any doubt about the correct RTN, contact your financial institution and ask for the correct RTN for direct deposit (Electronic Funds Transfers).

**Note:** Some financial institutions may not accept direct deposits into accounts that are payable through another bank or financial institution, including credit unions.

**Line 7.** The RTN must be nine digits. If it does not begin with 01 through 12 or 21 through 32, your direct deposit will be rejected and a check sent.

Line 8. The DAN can be up to 17 characters (both numbers and letters). Include hyphens but omit spaces and special symbols. If fewer than 17 characters, enter the number from left to right and leave the unused boxes blank.

Line 10. The account designated to receive the direct deposit must be in your name. If you are married filing jointly, the account can be in either name or both your names. If you are married filing separately, the account can be in your name or in both your name and your spouse's name.

**Caution:** The account cannot include the name of any other person except as noted above.

Some financial institutions will not allow a joint refund to be deposited into an individual account. The IRS is not responsible when a financial institution refuses a direct deposit for this reason.

### Part III—Declaration of Taxpayer

Your electronically transmitted return will not be considered complete, and therefore filed, unless and until the IRS receives your signed Form 8453-OL. If a joint return, your spouse must also sign.

**Refunds.** Your refund should be issued within 21 days after the IRS has accepted your return. However, some refunds may be delayed because of compliance reviews to ensure that returns are accurate.

#### **Automated Refund Information.**

Refund information is available on Tele-Tax. If you live in Kansas, New Mexico, Oklahoma, or Texas, you may call 1-800-829-4477. If you don't live in one of these states, you may call either 214-767-1792 or 713-541-3400. These are not toll-free calls. If your refund is delayed or you don't get complete information from Tele-Tax, you may call the Austin Service Center at 512-462-8900 (Ext. 7197). This is not a toll-free call.