



TAX YEAR

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DATE
FILED:

M	M	D	D	Y	Y	Y	Y

EMPLOYER IDENTIFICATION NUMBER

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DAYTIME TELEPHONE NUMBER

[illegible]

FIDUCIARY / PARTNERSHIP NAME

NAME continued

P.O. BOX, APT. NO., SUITE, FLOOR, RR NO., ETC.

STREET ADDRESS

CITY

[illegible]

STATE

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ZIP CODE

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**DECLARATION OF ESTIMATED TAX
OR
ESTIMATED WITHHOLDING TAX
FOR FIDUCIARIES & PARTNERSHIPS**

READ INSTRUCTIONS BEFORE ENTERING
DOLLAR AMOUNTS.

MAKE CHECKS PAYABLE TO
PA DEPARTMENT OF REVENUE

MAIL THIS FORM WITH YOUR PAYMENT TO:

PA DEPARTMENT OF REVENUE
PO BOX 280403
HARRISBURG PA 17128-0403

MUST MARK (FILL IN OVAL)

TYPE OF ACCOUNT:

☐ F – FIDUCIARY (ESTATE or TRUST)

☐ C – (PARTNERSHIP, ASSOCIATION
or PA S CORPORATION)

FISCAL FILERS ONLY

M M D D Y Y Y Y

BEGINNING

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M M D D Y Y Y Y

ENDING

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AMOUNT OF PAYMENT

\$

DECLARATION OF ESTIMATED TAX
OR ESTIMATED WITHHOLDING TAX

DEPARTMENT USE ONLY

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Please be sure address below shows through window of enclosed envelope.



PA DEPARTMENT OF REVENUE
PO BOX 280403
HARRISBURG PA 17128-0403