pennsylvania DEPARTMENT OF REVENUE PA-40ESR (I) (01-12)		M M D D Y DATE FILED:	Y Y Y Y	DECLARATION OF E	ESTIMATED	TAX
YOUR SOCIAL SECURITY NUMBER		OUSE'S SOCIAL SECURITY AYTIME TELEPHONE NUMBE		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	BEGINNING	FISCAL FILERS ONLY M M D D Y Y Y Y M M D D Y Y Y Y M M D D Y Y Y Y
FIRST NAME				HARRISBURG PA 17128-0403	6	AMOUNT OF PAYMENT
P.O. BOX, APT. NO., SUITE, FLOOR, R	RR NO., ETC.			I – INDIVIDUAL	\$	ECLARATION OF ESTIMATED TAX
STREET ADDRESS						
CITY			STATE ZIP C	ODE		DEPARTMENT USE ONLY

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

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