


**INSTRUCTIONS FOR REV-1605
SCHEDULE CO – NAMES OF CORPORATE OFFICERS**

1. The Department of Revenue is required to forward the names of corporate officers received with tax reports to the PA Department of State for inclusion in the public records of the corporation. This information is provided from the corporate officer section of the Pennsylvania tax report. Corporations may update this information during the year by completing the Corporate Officer Schedule (REV-1605) and submitting it to the PA Department of Revenue, which will forward this information to the PA Department of State for inclusion in the public records of the corporation.
2. All fields below must be completed with current information so that records may be updated accurately and comprehensively.
3. An officer or a representative of the corporation must complete and sign the form.
4. Mail Schedule CO to:

**PA Department of Revenue
PO BOX 280430
Harrisburg PA 17128-0430**

DETACH HERE BEFORE MAILING

	BUREAU OF CORPORATION TAXES PO BOX 280430 HARRISBURG PA 17128-0430	REV-1605 CT (05-12) SCHEDULE CO	NAMES OF CORPORATE OFFICERS	REVENUE ID	<input type="text"/>																																																						
	<table border="1"> <tr> <td>CORPORATE OFFICERS</td> <td>SSN</td> <td>LAST NAME</td> <td>FIRST NAME</td> <td>MI</td> </tr> <tr> <td>PRESIDENT/MANAGING PARTNER</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>VICE PRESIDENT</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>SECRETARY</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TREASURER/TAX MANAGER</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="3">BUSINESS NAME</td> <td colspan="2">EIN</td> </tr> <tr> <td colspan="5">STREET ADDRESS</td> </tr> <tr> <td colspan="2">CITY</td> <td>STATE</td> <td colspan="2">ZIP CODE</td> </tr> <tr> <td colspan="5"> By filing this form, the taxpayer consents to the release of the names of its corporate officers and its address to the Department of State where it will be available as a public record. I hereby affirm under penalties prescribed by law that information contained in this form is true and correct to the best of my knowledge and that I am authorized to execute this form on behalf of the taxpayer. </td> </tr> <tr> <td>PREPARER'S SIGNATURE</td> <td>TITLE</td> <td>DATE</td> <td>EMAIL</td> <td>TELEPHONE</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>					CORPORATE OFFICERS	SSN	LAST NAME	FIRST NAME	MI	PRESIDENT/MANAGING PARTNER					VICE PRESIDENT					SECRETARY					TREASURER/TAX MANAGER					BUSINESS NAME			EIN		STREET ADDRESS					CITY		STATE	ZIP CODE		By filing this form, the taxpayer consents to the release of the names of its corporate officers and its address to the Department of State where it will be available as a public record. I hereby affirm under penalties prescribed by law that information contained in this form is true and correct to the best of my knowledge and that I am authorized to execute this form on behalf of the taxpayer.					PREPARER'S SIGNATURE	TITLE	DATE	EMAIL	TELEPHONE				
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