



TAX YEAR

1 1 1 1

DATE
FILED:

M M D D Y Y Y Y

1 1 1 1 1 1 1 1

PA-40ESR (F/C) (04-14)

EMPLOYER IDENTIFICATION NUMBER

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

DAYTIME TELEPHONE NUMBER

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

FIDUCIARY / PARTNERSHIP NAME

1 1

NAME *continued*

1 1

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

1 1

STREET ADDRESS

1 1

CITY

1 1

STATE

1 1 1 1 1 1 1 1

ZIP CODE

1 1 1 1 1 1 1 1 1 1

**DECLARATION OF ESTIMATED TAX
OR ESTIMATED WITHHOLDING TAX
FOR FIDUCIARIES, PARTNERSHIPS &
OTHER PASS THROUGH ENTITIES**

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

1 1 1 1 1 1 1 1

ENDING

M M D D Y Y Y Y

1 1 1 1 1 1 1 1

AMOUNT OF PAYMENT

\$

1 1 1 1 1 1 1 1 . 1 1 1 1 1 1

**DECLARATION OF ESTIMATED TAX
OR ESTIMATED WITHHOLDING TAX**

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DEPARTMENT USE ONLY

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1