

**PA-40ES CORRECTION FORM FOR ESTATES, TRUSTS, PARTNERSHIPS,
 LIMITED LIABILITY COMPANIES, ASSOCIATIONS, PA S CORPORATIONS**



Please print or type your correct information

Use this form **ONLY** if the information on your PA-40ES form is incorrect

This taxpayer is (fill in one oval): Estate Trust Partnership PA S Corporation Limited Liability Company Association
 Type of change (fill in all that apply): Employer Identification Number Name Address

INSTRUCTIONS:

1. Fill in the oval for the type of entity.
2. Fill in the appropriate oval(s) explaining the change(s) you are making.
3. Enter the **CORRECT and INCORRECT** information in the spaces provided.
4. You must enter the Employer Identification Number.
5. Mail the completed form to the address shown above.

IMPORTANT: The Bureau of Individual Taxes will make all the changes that you request. However, the bureau will only send new PA-40ES forms if you change your name or Employer Identification Number. If only changing the address, the bureau will correct the account; please continue to use the PA-40ES forms originally issued.

REMEMBER: Enter the suffix that follows the EIN on the PA-40ES form. Estates and trusts have an "F" suffix. Partnerships, associations, limited liability companies, and PA S corporations have a "C" suffix. This letter code distinguishes 9-digit Employer Identification Numbers from 9-digit Social Security numbers.

IMPORTANT: WE CANNOT CORRECT YOUR ACCOUNT WITHOUT YOUR CORRECT EIN.

CORRECT Information	INCORRECT Information
Enter the letter code (F or C) here ↓	Enter the letter code (F or C) here ↓
Employer Identification Number <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	Employer Identification Number <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>

Business Name			Business Name		
Street Address			Street Address		
City	State	ZIP Code	City	State	ZIP Code

Authorized Representative (PLEASE PRINT)		Title	
Signature	Date	Daytime Telephone	

PA-40ES CORRECTION FORM FOR INDIVIDUALS

Please print or type your correct information
 Use this form **ONLY** if the information on your PA-40ES
 form is incorrect



I am changing (fill in all that apply):
 Social Security Number Name Address
 Filing Status (fill in the oval for the correct status):
 Single Married, Filing Jointly Married, Filing Separately Final
 Deceased - Date of Death:

INSTRUCTIONS:

1. Fill in the appropriate oval(s) explaining the change(s) you are making.
2. Enter the **CORRECT and INCORRECT** information in the spaces provided.
3. You must enter your Social Security number.
4. Mail the completed form to the address shown above.

IMPORTANT: The Bureau of Individual Taxes will make all the changes that you request. However, the bureau will only send new PA-40ES forms if you change your name or Social Security number. If you are only changing your address, the bureau will correct your account; please continue to use the PA-40ES forms originally issued.

IMPORTANT: WE CANNOT CORRECT YOUR ACCOUNT WITHOUT YOUR CORRECT SSN.

CORRECT Information			INCORRECT Information		
Your Social Security number	<input type="text"/>	<input type="text"/>	<input type="text"/>	Social Security number	<input type="text"/>
Also enter your spouse's Social Security number, if applicable	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Name	<input type="text"/>		Name	<input type="text"/>	
Street Address	<input type="text"/>		Street Address	<input type="text"/>	
City	State	ZIP Code	City	State	ZIP Code
Signature	<input type="text"/>		Date	<input type="text"/>	
			Daytime Telephone	<input type="text"/>	