

CONSENT TO TRANSFER, ADJUST OR CORRECT PA ESTIMATED PERSONAL INCOME TAX ACCOUNT

- Use this form to apply your estimated tax payments and credits between spouses if you are filing your annual PA tax returns differently than you made your estimated payments.
- Place a completed and signed form in front of both annual PA tax returns if you have a joint estimated account and will file separately.
- Place a completed and signed form in front of your joint annual PA tax return if you have separate estimated accounts and will file jointly.
- See the instructions (C) for deceased taxpayers or (D) for divorced or separated taxpayers.

PART 1. TYPE OF	TRANSFER. Fill in	the ova	l explaining wh	y you are filing this for	m.		
A From a Joint			•				
B From Separa							
C For a Deceased taxpayer, to or from the decedent's PA estimated account to the surviving spouse's PA estimated account.							
Important: PA <u>requires</u> separate returns when a spouse dies. Use this form to either transfer payments from a Joint account to Separate accounts, from a decedent's PA estimated account to an account for the surviving spouse, etc.							
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-			•		arated taxpayers. BO	I H MU	SI SIGN.
				ridual Income Tax Retu			
				idual Income Tax Retu UAL TAXES, DEPT. 2	rn(s) and mail to: 80510, HARRISBURG	PA 171	28-0510
want the payments tr column for the individe column with the appro- column should be con	the date, and the an ansferred. If you have ual from whom the paperiate information. If appleted, showing the second column, as	nount of ye sepal ayments the esti informat nd the to	rate PA estima are being tran mated paymen tion for each es	ted accounts, and are sferred. The total amou ts were made jointly ar timated payment. The	r the Social Security N filing a joint return, ple int of the transfer shoul id you are now filing se total amount that should pouse's account should	ease con d be sho parate r d remair	mplete the first own in the third eturns, the first in the account
PAYMENTS MADE			REM	TRANSFER TO ACCOUNT			
Taxpayer Name (Please print or type)		ACCOUNT Name			Name		
SSN		SSN			SSN		
Tax Year		Tax Year			Tax Year		
Date of Payment Amount of Payment		Total to Remain in Account:			Total to be Transferred		
Prior Year's Credit							
TOTAL							
We certify that the abo	ove information is tru	e and c	orrect and we a	ortant: Both Spous authorize and agree to for the taxable year sh	have the PA Departme	nt of Re	evenue apply
Signature			Date	Signature			Date
PART 4. PREPARE	R'S, SURVIVING	SPOUS	SE'S, OR EXE	ECUTOR'S OATH.			
	this is the manner in	which t			r the annual PA tax retul apply the taxpayer's o		
Signature:						Date:	
Print name or company name:					Daytime Telephone		