

**REV-276**  
Application for  
Extension of Time to File  
REV-276 EX (07-16)(FI)  
PA DEPARTMENT OF REVENUE

1603610054

**20** \_\_\_\_\_

EC	OFFICIAL USE ONLY	FC
<input type="text"/>	<input type="text"/>	<input type="text"/>

**CHECK DIGIT** Print the first two letters of the last name if for a PA-40. Print the first two letters of the name if a PA-41, PA-40NRC, PA-40NRC-AE or PA-20S/PA-65. If PA-40NRC, PA-40NRC-AE or PA-20S/PA-65, enter the entity name starting with the first box of the "Last, Estate, Trust or Entity Name" and continue until you have used all the space available (if needed). If you do not have enough space for the name, do not use the address line. If a PA-41, see "Fiduciary Accounts" in the instructions.

**DO NOT STAPLE**

**PA-40, PA-41, PA-40NRC, PA-40NRC-AE, PA-20S/PA-65**  
**APPLICATION FOR EXTENSION OF TIME TO FILE**  
(See reverse for filing instructions. Be sure to answer all questions.)

**PLEASE PRINT OR TYPE ALL INFORMATION**

Your Social Security Number	Spouse's Social Security Number	Federal Employer Identification Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Last, Estate, Trust or Entity Name	First Name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse's Last Name - or Name of Trustee for Estate or Trust	Spouse's First Name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>
P. O. Box, Apt. No., Suite, Floor, RR No, etc.	Daytime Telephone Number	
<input type="text"/>	<input type="text"/>	
Street Number and Name	<input type="text"/>	
<input type="text"/>		
City or Post Office	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Fill in the oval if filing in Pennsylvania for the first time

First Time PA Filer

**TYPE OF RETURN**

Fill in the oval for the kind of PA Return you will file

**PA-40** Individual Tax Return

**PA-40NRC** Consolidated Nonresident Tax Return

**PA-40NRC-AE** Nonresident Consolidated Tax Return. Athletes & Entertainers

**PA-41** Fiduciary Income Tax Return

**PA-20S/PA-65**

Indicate the taxable year. Fill in the oval.

Calendar Year

Fiscal Year, beginning \_\_\_\_\_

An extension of time until \_\_\_\_\_ is requested to file the PA return of the above-named taxpayer for the taxable year beginning \_\_\_\_\_ and ending \_\_\_\_\_ .  
(See instructions regarding type and length of extension.)

**AMOUNT OF YOUR PAYMENT**

\$

**Was an extension of time to file previously granted for this taxable year?**  Yes  No

**IF YOU ARE SUBMITTING A PAYMENT WITH THIS APPLICATION, COMPLETE THE "AMOUNT OF YOUR PAYMENT" BLOCK ABOVE AND THE EXTENSION PAYMENT VOUCHER.**

State in detail the reason the taxpayer needs an extension. (Use additional sheet if necessary)

**SIGNATURE AND VERIFICATION**

**If prepared by taxpayer:** Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made herein are true and correct.

Taxpayer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

**If prepared by someone other than taxpayer:** Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made herein are true and correct, that I am authorized by the taxpayer to prepare this application and that I am:

- A member in good standing of the bar of the highest court of (specify jurisdiction) \_\_\_\_\_
- A public accountant duly qualified to practice in (specify jurisdiction) \_\_\_\_\_
- A person enrolled to practice before the Internal Revenue Service.
- A duly authorized agent holding a power of attorney. (The power of attorney need not be submitted unless requested.)
- A person standing in close personal or business relationship to the taxpayer who is unable to sign this application because of illness, absence or other good cause. My relationship to the taxpayer and the reason(s) why the taxpayer is unable to sign this application are:

Relationship \_\_\_\_\_ Reason(s) \_\_\_\_\_

**SIGNATURE OF PREPARER OTHER THAN TAXPAYER** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Mail extension, the extension payment voucher and payment, if applicable, to:**

**PA DEPARTMENT OF REVENUE**  
**BUREAU OF INDIVIDUAL TAXES**  
**PO BOX 280504**  
**HARRISBURG PA 17128-0504**

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## TIMELY PAYMENT OF TAX REQUIRED

An extension of time to file a PA income tax or information return does not extend the time for full payment of the tax, nor does it preclude the assessment of penalty and interest for underpayment of tax due. Pay in full the amount reasonably estimated as your Pennsylvania tax due on or before the original due date using the attached Extension Payment Voucher.

Remittances should be made payable to the PA Dept. of Revenue and submitted with this application on or before the original due date of the tax return.

## INSTRUCTIONS FOR APPLICATION FOR EXTENSION OF TIME TO FILE

### 1. HOW TO FILE

Use this form for an extension of time to file a PA-40, PA-41 or PA-20S/PA-65 if you do not apply for a federal extension or if your request for a federal extension was denied. If you owe tax on your PA-40, PA-41 or PA-20S/PA-65 return, you must submit this extension form along with your payment and completed Extension Payment Voucher. You must also submit this form for an extension of time to file a PA-40NRC or PA-40NRC-AE, as a request for federal extension cannot be filed for these returns. You will only receive notification from the department in the event your extension is denied.

If you have an extension for filing your federal income tax return, you still may request an extension of time for filing your PA tax return.

When submitting this application, clearly describe in detail the circumstances beyond your control that will cause an unavoidable delay in filing the return. Applications that give incomplete reasons or inadequate explanations, such as "illness" or "practitioner too busy," will not be approved.

**Fiduciary Accounts:** Enter the name of the estate or trust, starting with the "Last, Estate or Trust, or Entity Name" area and continuing through "First Name". Enter the name of the trustee in the designated area continuing through the area designated for the spouse's first name. Do not use the first address line designated for PO BOX, apartment number, etc. for fiduciary accounts.

**If you pay by credit card or ACH debit on or before April 15, you can get an automatic six-month extension without mailing REV-276. Visit the Revenue e-Services Center at [www.revenue.pa.gov](http://www.revenue.pa.gov) for more information.**

### 2. WHEN TO FILE

Submit this application before the return due date, usually April 15 for calendar year filers, and the 15th day of the fourth month following the close of the fiscal year for fiscal year filers.

### 3. WHAT AND WHERE TO FILE

Submit the completed application along with the extension payment voucher and payment, if applicable, to the following address:

**PA DEPARTMENT OF REVENUE  
BUREAU OF INDIVIDUAL TAXES  
PO BOX 280504  
HARRISBURG PA 17128-0504**

### 4. REASONS FOR EXTENSION

The PA Department of Revenue will grant a taxpayer an automatic extension of time for filing a PA tax return if an extension has been granted by the Internal Revenue Service (IRS) for filing the federal tax return. A copy of the federal extension must accompany your return.

A reasonable extension of time will be granted if the taxpayer is unable to file the return by the regular due date because of circumstances beyond his or her control. An application will be considered based on the efforts made by the taxpayer to fulfill his or her own filing responsibility, rather than the convenience of someone who provides assistance. Circumstances in which the taxpayer's practitioner is unable to complete the return for filing by the due date, due to reasons beyond his or her control, will also be taken into consideration. Other circumstances, such as when a taxpayer is unable to get essential professional assis-

tance in spite of timely efforts to obtain it, will also be considered.

### Combat Zone and Hazardous Duty Service

If serving in an area so designated by the President of the U.S., Pennsylvania allows the same automatic extensions of time to file and pay your PA tax return that the IRS provides for the federal income tax return. When you file your PA income tax return, please print "COMBAT ZONE" at the top of your PA-40 or computer-generated PA tax return. Copies of your orders and discharge papers must accompany your return. If filing an electronic return through Federal/State e-file, you must still fax or mail copies of your orders and discharge papers. Print "COMBAT ZONE" at the top of each page.

### 5. PERIOD OF EXTENSION

If an extension is granted for the taxpayer's federal return, the extension period granted by Pennsylvania for the PA-40 will be equivalent to the extension granted by the IRS. This period is generally six months. Only taxpayers living outside the U.S. may obtain an extension period greater than six months.

For extensions of PA-40NRC and PA-40NRC-AE returns, the extension of time to file will be six months. In no case will an extension be granted for more than six months for taxpayers within the U.S.

For extensions for estates and trusts filing PA-41s, the extension of time to file will be five-and-a-half months. In no case will an extension be granted for more than five-and-a-half months for taxpayers within the U.S.

For extensions for partnerships and limited liability companies filing PA-20S/PA-65s, the extension of time to file will be five months. In no case will an extension be granted for more than five months for taxpayers within the U.S.

### 6. BLANKET REQUESTS

Blanket requests for extensions of time for filing Pennsylvania tax returns will not be considered. A separate application must be submitted for each return.

### 7. FORMS ORDERING

Forms are available on the department's website at [www.revenue.pa.gov](http://www.revenue.pa.gov) and by calling 1-888-PATAXES (728-2937) or 1-800-362-2050 (for those without touchtone phone service). Taxpayers with special hearing and/or speaking needs may call, toll-free, 1-800-447-3020. Forms can also be obtained by emailing [ra-forms@pa.gov](mailto:ra-forms@pa.gov) or writing to the PA Department of Revenue, Tax Forms Service Unit, 1854 Brookwood St., Harrisburg, PA 17104-2244.

### 8. Extension Payment Voucher Instructions

If not using the Fill-In Form feature for completing the application, use the following instructions to complete the voucher:

- Write the taxpayer's SSN, the estate or trust's Federal Employer Identification Number (FEIN) or the partnership or limited liability company's FEIN in the space provided.
- Include an: I for individual; F for estate or trust; G for PA-40NRC; or C for PA-40NRC-AE, partnership or limited liability company in the Type column.
- Include the same check digits as used on the application.
- Fill in the amount of the payment being included. If no payment is required to be made with the application, the Extension Payment Voucher should not be submitted.

2016 REV-276 EXTENSION PAYMENT VOUCHER

SSN/FEIN NUMBER

TYPE

CHECK DIGIT

1603610054

PAYMENT AMOUNT

\$

DEPARTMENT USE ONLY