

For Calendar Year 2025, or Fiscal Year Beginning, _____, 2025 and Ending, _____, 20 ____	Declaration Control Number/Submission ID
Name of Estate or Trust	Employer Identification Number
Name and Title of Fiduciary	

SECTION I TAX RETURN INFORMATION (whole dollars only)

1. Net PA taxable income (Form PA-41, Line 9) 1. _____
2. PA tax liability (Form PA-41, Line 12) 2. _____
3. Total Payments and Credits (Form PA-41, Line 18) 3. _____
4. Overpayment (Form PA-41, Line 23) 4. _____
5. Total payment (tax due) (Form PA-41, Line 22) 5. _____

SECTION II DECLARATION AND SIGNATURE AUTHORIZATION OF FIDUCIARY

Under penalties of perjury, I declare that the amounts above match the amounts shown on the corresponding lines of the electronic portion of the 2025 PA-41, Fiduciary Income Tax Return. I have also examined a copy of the return being filed electronically with the PA Department of Revenue and all accompanying schedules and statements. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the estate's or trust's return to the PA Department of Revenue and to receive from the PA Department of Revenue an acknowledgement of receipt or reason of rejection of the transmission. If applicable, I authorize the PA Department of Revenue and its designated financial agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the estate's or trust's state taxes owed on this return, and I authorize the financial institution to debit the entry to this account. To revoke a payment, I must contact the PA Department of Revenue no later than five business days prior to the payment (settlement) date. I understand notification must be made in writing by email to ra-achrevok@pa.gov.

FIDUCIARY'S (PIN) Mark one oval only.

- ☐ I authorize _____ to enter my PIN _____ as my signature on the estate's or trust's 2025 electronically filed income tax return.
- ☐ As a fiduciary or officer representing the fiduciary of the estate or trust, I will enter my PIN as my signature on the estate's or trust's 2025 electronically filed income tax return.

Signature	Date
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SECTION III CERTIFICATION AND AUTHENTICATION – PRACTITIONER PIN PROGRAM PARTICIPANTS ONLY

ERO'S EFIN/PIN Enter your six-digit EFIN followed by your five-digit self-selected PIN _____ / _____

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2025 electronically filed income tax return for the estate or trust indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

ERO's Signature	Date
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**The ERO must retain this form and supporting documents for three years.
DO NOT SUBMIT THIS FORM TO THE PA DEPARTMENT OF REVENUE UNLESS REQUESTED TO DO SO.**