

REV-276
Application for
Extension of Time to File
REV-276 EX (01-12) (FI)
PA DEPARTMENT OF REVENUE

1103610059

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

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

Last, Estate, Trust or Entity Name

First Name

MI

Spouse's Last Name - or Name of Trustee for Estate or Trust

Spouse's First Name

MI

P. O. Box, Apt. No., Suite, Floor, RR No, etc.

Daytime Telephone Number

Street Number and Name

City or Post Office

State

ZIP Code

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

month date year

taxpayer for the taxable year beginning _____ and ending _____

month date year

month date year

\$

AMOUNT OF YOUR PAYMENT

(See instructions regarding type and length of extension.)

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.

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 and payment, if applicable, to:

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

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