



**pennsylvania**

DEPARTMENT OF REVENUE

Bureau of Individual Taxes  
PO BOX 280605  
Harrisburg PA 17128-0605

**PERSONAL INCOME TAX  
FAX COVER SHEET**

**NOTE: Please include only one taxpayer's information and one tax year per fax.** Do not highlight information on any sheets included with the fax. Failure to follow these instructions will result in delays in processing or payment of refunds.

\_\_\_\_\_  
**Taxpayer Name** (name listed first on return or notice)

\_\_\_\_\_  
**Taxpayer SSN/EIN**

**To:** \_\_\_\_\_

**Message:**

**Reason for Fax (check all boxes that apply):**

- Required E-File Return Attachments
  - Military orders and other information (fax: 717-772-4193 or 717-787-2840)
  - Other states' returns and federal Form 1116 (fax: 717-705-6651)
- Response to Department Notice
  - Request for Information (fax: 717-783-5823)
  - Other: Clarify documents faxed and reason for fax (fax to the number on the notice you are responding to)

**Sender Information:**

\_\_\_\_\_  
**Name of Sender**

\_\_\_\_\_  
**Telephone Number**

Number of pages sent including fax cover sheet: \_\_\_\_\_

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