INSTRUCTIONS FOR REV-1605
SCHEDULE CO – NAMES OF CORPORATE OFFICERS

NOTE: Corporations may update names of corporate officers electronically through e-TIDES at www.etides.state.pa.us.

1. The Department of Revenue is required to forward the names of corporate officers received with tax reports to the PA Department of State for inclusion in the public records of the corporation. This information is provided from the corporate officer section of the Pennsylvania tax report. Corporations may also update this information during the year by completing the Corporate Officer Schedule, REV-1605, and submitting it to the PA Department of Revenue, which will forward this information to the PA Department of State for inclusion in the public records of the corporation.
2. All fields below must be completed with current information so that records may be updated accurately and comprehensively.
3. An officer or a representative of the corporation must complete and sign the form.
4. Mail Schedule CO to:

   PA DEPARTMENT OF REVENUE
   327 WALNUT ST FL 3
   PO BOX 280701
   HARRISBURG PA 17128-2005

FILL IN FORM USING ALL CAPS.

DO NOT USE DASHES (-) OR SLASHES (/) IN ANY FIELD. ENTER DATES AS MMDDYYYY. USE WHOLE DOLLARS ONLY.

DETACH HERE BEFORE MAILING

pennsylvania DEPARTMENT OF REVENUE

BUREAU OF CORPORATION TAXES
PO BOX 280701
HARRISBURG PA 17128-2005

REV-1605 CT (06-15)
SCHEDULE CO

NAMES OF CORPORATE OFFICERS

REVENUE ID

START

CORPORATE OFFICERS	SSN	LAST NAME	FIRST NAME	MI
PRESIDENT/MANAGING PARTNER				
VICE PRESIDENT				
SECRETARY				
TREASURER/TAX MANAGER				

BUSINESS NAME	EIN
STREET ADDRESS	
CITY STATE	ZIP CODE

By filing this form, the taxpayer consents to the release of the names of its corporate officers and its address to the Department of State where it will be available as a public record. I hereby affirm under penalties prescribed by law that information contained in this form is true and correct to the best of my knowledge and that I am authorized to execute this form on behalf of the taxpayer.

PREPARER'S SIGNATURE	TITLE	DATE MMDDYYYY	EMAIL	TELEPHONE
PLEASE SIGN AFTER PRINTING.				

Reset Entire Form

PRINT FORM