



REV-1605 (TR) 03-17
NAMES OF CORPORATE OFFICERS

INSTRUCTIONS FOR REV-1605 COUPON

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 RCT-101, PA Corporate Net Income 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. **Fax or email to:**
 Fax: 717-787-3708
 Email: ra-btftregisfax@pa.gov

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS COUPON.

REV-1605 (TR) 03-17		NAMES OF CORPORATE OFFICERS			REVENUE ID <input type="text"/>
CORPORATE OFFICERS	SSN	LAST NAME	FIRST NAME	MI	
PRESIDENT/MANAGING PARTNER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
VICE PRESIDENT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
SECRETARY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
TREASURER/TAX MANAGER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Business Name <input type="text"/>			EIN <input type="text"/>		
Street Address <input type="text"/>		City <input type="text"/>	State <input type="text"/>	ZIP <input type="text"/>	
<p><small>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 belief, and that I am authorized to execute this form on behalf of the taxpayer.</small></p>					
Preparer's Signature <input type="text"/>		Title <input type="text"/>	Date <input type="text"/>		
Email <input type="text"/>		Telephone <input type="text"/>			