pennsylvania DEPARTMENT OF REVENUE PA-40ESR (I) (08-13) TAX YE	DATE FILED:	DECLARATION OF I	ESTIMATED TAX
YOUR SOCIAL SECURITY NUMBER	SPOUSE'S SOCIAL SECURITY NUMBER DAYTIME TELEPHONE NUMBER	READ INSTRUCTIONS BEFORE ENTERING DOLLAR AMOUNTS. MAKE CHECKS PAYABLE TO PA DEPARTMENT OF REVENUE YOU MUST INCLUDE THE LAST 4 DIGITS OF SSN AND THE FULL NAME OF THE	FISCAL FILERS ONLY M M D D V Y Y Y SEGINNING
LAST NAME FIRST NAME		PRIMARY TAXPAYER ON YOUR CHECK OR MONEY ORDER MAIL THIS FORM WITH YOUR PAYMENT TO: PA DEPARTMENT OF REVENUE	AMOUNT OF PAYMENT
P.O. BOX, APT. NO., SUITE, FLOOR, RR NO., ETG	с.	PO BOX 280403 HARRISBURG PA 17128-0403 TYPE OF ACCOUNT:	\$
STREET ADDRESS		I – INDIVIDUAL	DECLARATION OF ESTIMATED TAX
CITY	STATE	ZIP CODE	DEPARTMENT USE ONLY

Please be sure address below shows through window of enclosed envelope.

-«Այդի»իկերիրկ»«ԱՄԻդիՄի»իկերիվիլոլիթիրի PA DEPARTMENT OF REVENUE HARRISBURG PA 17128-0403

PO BOX 280403