



**BUSINESS TRUST FUND
 TAXES RESPONSIBLE PARTY
 INFORMATION FORM**

OFFICIAL USE ONLY _____

Use this form to report or update the person(s) who has active control or authority over a business or organization or direct control over finances for business trust fund tax purposes.

SECTION I BUSINESS INFORMATION

Legal Name _____

Entity ID _____	Account ID _____
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Check All Taxes the Business is Registered for:

<input type="checkbox"/> Employer Withholding	<input type="checkbox"/> Sales Tax	<input type="checkbox"/> Public Transportation Assistance Fund (PTA)
<input type="checkbox"/> Vehicle Rental (VRT)	<input type="checkbox"/> Motor Fuels	<input type="checkbox"/> Alternative Fuels

SECTION II RESPONSIBLE PARTY INFORMATION

Responsible Party Name _____	SSN _____
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Home Street Address _____

City _____	State _____	ZIP Code _____
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Business Title _____	Effective Date _____	End Date _____	Daytime Phone Number _____
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Signature _____	Date _____
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Responsible Party Name _____	SSN _____
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Home Street Address _____

City _____	State _____	ZIP Code _____
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Business Title _____	Effective Date _____	End Date _____	Daytime Phone Number _____
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Signature _____	Date _____
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Use a separate sheet if additional space is needed.

SECTION III PREPARER INFORMATION

Preparer Name (Please Print) _____	Title _____	Daytime Phone Number _____
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Signature _____	Date _____
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Instructions for REV-563

Business Trust Fund Taxes Responsible Party Information

GENERAL INFORMATION

Responsible parties are liable for the payment of any trust fund tax liabilities. For trust fund tax purposes, responsible parties include but are not limited to persons or officers who have active control or authority over a business or organization, and/or persons who have direct control over finances.

Personal representatives of a decedent's estate, bankruptcy insolvency trustees and lenders that have assumed direct control over the borrowers' finances may be considered responsible parties for PA trust fund tax purposes. Businesses or organizations making changes to responsible parties are required to complete and file an REV-563 with the department.

 **IMPORTANT:** An individual who signs an application or trust fund tax return for a business or organization will be considered a responsible party in the absence of any contradicting evidence.

LINE INSTRUCTIONS

SECTION I

BUSINESS INFORMATION

Enter the legal name of the business, Account ID and entity ID or federal identification number.

SECTION II

RESPONSIBLE PARTY INFORMATION

Enter the responsible party name, social security number, home address, business title (i.e. office manager, Chief

Financial Officer etc...), daytime phone number, effective date and end date. This section must be signed by each responsible party listed.

SECTION III

PREPARER INFORMATION

The person preparing this form must print their name, sign and date the form. Include telephone number and business title.


SUBMISSION

Fax or email the completed form to:

FAX: (717) 787-3708

E-MAIL: ra-btftregisfax@pa.gov

REGISTRATION METHODS

 **IMPORTANT:** A change in ownership will require a new registration.

To register complete the Pennsylvania Online Business Tax Registration at mypath.pa.gov.

QUESTIONS

Questions may be directed to the Customer Experience Center by calling (717) 787-1064; services for taxpayers with special hearing and/or speaking needs is available by calling (800) 447-3020 (TT only).

Or, visit our website at www.revenue.pa.gov.