

## Pennsylvania *e-file* Signature Authorization — for PA-41

2015

Declaration Control Number/Submission ID	Employer Identification Number
Name of Estate or Trust	
Name and Title of Fiduciary	
PART I Tax Return Information – Tax Year Ending Dec. 31, 2015 (Whole dollars only)	
1. Net PA Taxable Income (Form PA-41, Line 9)	1
2. PA Tax Liability (Form PA-41, Line 12)	
3. Total Payments and Credits (Form PA-41, Line 18)	
4. Overpayment (Form PA-41, Line 23)	4
5. Total Payment (Tax Due) (Form PA-41, Line 22)	5
PART II Declaration and Signature Authorization of Fiduciary	
electronically with the PA Department of Revenue and all accompanying schedules and statements. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the estate's or trust's return to the PA Department of Revenue and to receipt or reason of rejection of the transmission. If applicable, I authorize the PA Department of Revenue and its designated financial agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the estate's or trust's state taxes owed on this return, and I authorize the financial institution to debit the entry to this account. To revoke a payment, I must contact the PA Department of Revenue no later than two business days prior to the payment (settlement) date. I understand notification must be made in writing by email to re-achrevok@pa.gov or fax to 717-772-9310.	
Fiduciary's (PIN): (check one box only)	
I authorize to enter my PIN estate's or trust's 2015 electronically filed income tax return.	as my signature on the
As a fiduciary or officer representing the fiduciary of the estate or trust, I will enter r or trust's 2015 electronically filed income tax return.	ny PIN as my signature on the estate's
Signature	Date
Practitioner PIN Program Participants Only – Continue Below	
PART III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN _ As a participant in the Practitioner PIN Program, I certify the above numeric entry is my year 2015 electronically filed income tax return for the estate or trust indicated above Practitioner PIN Program in accordance with the requirements established for this program	PIN, which is my signature on the tax e. I confirm I am participating in the
ERO's signature	Date

ERO must retain this form and the supporting documents for three years.

DO NOT SUBMIT THIS FORM TO THE PENNSYLVANIA DEPARTMENT OF REVENUE.