pennsylvania
DEPARTMENT OF REVENUE

PA-40ESR (I) (01-12)

TAX YEAR

DATE FILED: M M D D Y Y Y Y

DECLARATION OF ESTIMATED TAX

YOUR SOCIAL SECURITY NUMBER

SPOUSE'S SOCIAL SECURITY NUMBER

DAYTIME TELEPHONE NUMBER ADD DASHES

LAST NAME

FIRST NAME

P.O. BOX, APT. NO., SUITE, FLOOR, RR NO., ETC.

STREET ADDRESS

CITY

STATE

ZIP CODE

READ INSTRUCTIONS BEFORE ENTERING DOLLAR AMOUNTS.

MAKE CHECKS PAYABLE TO
PA DEPARTMENT OF REVENUE

MAIL THIS FORM WITH YOUR PAYMENT TO:

PA DEPARTMENT OF REVENUE
PO BOX 280403
HARRISBURG PA 17128-0403

TYPE OF ACCOUNT:

I – INDIVIDUAL

FISCAL FILERS ONLY

BEGINNING M M D D Y Y Y Y

ENDING M M D D Y Y Y Y

AMOUNT OF PAYMENT

$

DECLARATION OF ESTIMATED TAX

DEPARTMENT USE ONLY

Reset Entire Form

PRINT FORM

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

PA DEPARTMENT OF REVENUE
PO BOX 280403
HARRISBURG PA 17128-0403