

REV-276
Application for
Extension of Time to File
REV-276 EX (06-14)
PA DEPARTMENT OF REVENUE

1403618059

20

OFFICIAL USE ONLY

EC	OFFICIAL USE ONLY	FC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Print the first two (2) letters of the last name if for a PA-40. Print the first two (2) letters of the name if a PA-41, PA-40NRC, PA-40NRC-AE, or PA-20S/PA-65. If PA-40NRC, PA-40NRC-AE, or PA-20S/PA-65, enter the entity name starting with the first box of the "Last, Estate, Trust, or Entity Name" and continue until you have used all the space available (if needed). If you do not have enough space for the name, do not use the address line. See instructions for Fiduciary accounts.

DO NOT STAPLE
PA-40, PA-41, PA-40NRC, PA-40NRC-AE, PA-20S/PA-65
APPLICATION FOR EXTENSION OF TIME TO FILE
(See reverse for filing instructions. Be sure to answer all questions.)
PLEASE PRINT OR TYPE ALL INFORMATION

Your Social Security Number Spouse's Social Security Number Federal Employer Identification Number

PLEASE WRITE IN YOUR SOCIAL SECURITY, YOUR SPOUSE'S SOCIAL SECURITY, OR EIN NUMBER ABOVE

Last, Estate or Trust, or Entry Name	First Name	MI	Check the box if filing in Pennsylvania for the first time First Time PA Filer
Spouse's Last Name or Name of Trustee for Estate or Trust	Spouse's First Name	MI	TYPE OF RETURN Check the box for the kind of PA Return you will file PA-40 Individual Tax Return PA-40NRC Consolidated Nonresident Tax Return PA-40NRC-AE Nonresident Consolidated Tax Return, Athletes & Entertainers PA-41 Fiduciary Income Tax Return PA-20S/PA-65
First Line of Address	Daytime Telephone Number		Indicate the taxable year. Check the box. Calendar Year Fiscal Year, beginning
Second Line of Address			
City or Post Office	State	ZIP Code	

Taxpayer's Signature _____ Date _____
Spouse's Signature _____ Date _____

AMOUNT OF YOUR PAYMENT

\$ ☐

An extension of time until _____ is requested to file the PA return of the above named taxpayer for the taxable year beginning _____ and ending _____.
(See instructions regarding type and length of extension.)

Has an extension of time to file been previously granted for this taxable year?

IF YOU ARE SUBMITTING A PAYMENT WITH THIS APPLICATION, COMPLETE THE "AMOUNT OF YOUR PAYMENT" BLOCK ABOVE.

State in detail the reason the taxpayer needs an extension. (Use additional sheet if necessary)

SIGNATURE AND VERIFICATION

If Prepared by Taxpayer. — Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made herein are true and correct.

If Prepared by Someone Other Than Taxpayer. — Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made herein are true and correct, that I am authorized by the taxpayer to prepare this application, and that I am:

- A member in good standing of the bar of the highest court of (specify jurisdiction) _____
- A public accountant duly qualified to practice in (specify jurisdiction) _____
- A person enrolled to practice before the Internal Revenue Service.
- A duly authorized agent holding a power of attorney. (The power of attorney need not be submitted unless requested.)
- A person standing in close personal or business relationship to the taxpayer who is unable to sign this application because of illness, absence, or other good cause. My relationship to the taxpayer and the reason(s) why the taxpayer is unable to sign this application are:

Relationship _____ Reason(s) _____

SIGNATURE OF PREPARER OTHER THAN TAXPAYER

DATE

Where to File:
Mail extension and payment, if applicable, to:
PA DEPARTMENT OF REVENUE
BUREAU OF INDIVIDUAL TAXES
PO BOX 280504
HARRISBURG, PA 17128-0504



1403618059

1403618059