

REV-276
Application for
Extension of Time to File
REV-276 EX (05-16)
PA DEPARTMENT OF REVENUE

1603611128

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OFFICIAL USE ONLY

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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 Entity 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 Check the box for the kind of PA Return you will file

First Line of Address _____ Daytime Telephone Number _____

Second Line of Address _____

City or Post Office _____ State _____ ZIP Code _____

TYPE OF RETURN
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
Indicate the taxable year. Check the box.
Calendar Year _____
Fiscal Year, beginning _____

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 AND THE EXTENSION PAYMENT VOUCHER.

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 _____

Mail extension, the extension payment voucher and payment, if applicable, to:

PA DEPARTMENT OF REVENUE
BUREAU OF INDIVIDUAL TAXES
PO BOX 280504
HARRISBURG, PA 17128-0504



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