

REV-459 (9-05)

PA DEPARTMENT OF REVENUE
BUREAU OF INDIVIDUAL TAXES
PO BOX 280510
HARRISBURG PA 17128-0510

**ESTATES, TRUSTS, PARTNERSHIPS, LIMITED LIABILITY COMPANIES, ASSOCIATIONS,
PA S CORPORATIONS ONLY CHANGE FORM**

Please print or type your correct information
Use this form **ONLY** if the information on your PA-40ES form is incorrect

This taxpayer is - fill in one oval: Estate Trust Partnership PA S Corporation Limited Liability Company Association
Type of change - fill in all that apply: Employer Identification Number Name Address

INSTRUCTIONS:

1. Fill in the oval for the type of entity.
2. Enter the **CORRECT and INCORRECT** information in the spaces provided.
3. You must enter the Employer Identification Number, even if it is correct on your PA-40ES form.
4. Fill in the appropriate oval(s) explaining the change(s) you are making.
5. Mail the completed form to the address shown above.

IMPORTANT: The Bureau of Individual Taxes will make all the changes that you request. However, the Bureau will only send new PA-40ES forms if you change your name or Employer Identification Number. If only changing the address, the bureau will correct the account, but please continue to use the PA-40ES forms that show the correct EIN and name.

REMEMBER: Enter the suffix that follows the EIN on the PA-40ES form. Estates and Trusts have an "F" suffix. Partnerships, Associations, Limited Liability Companies, and PA S corporations have a "C" suffix. This letter code distinguishes 9-digit Employer Identification Numbers from 9-digit Social Security Numbers.

IMPORTANT: WE CANNOT CORRECT YOUR ACCOUNT WITHOUT YOUR CORRECT EIN.

CORRECT Information		Enter the letter code (F or C) here ↓		INCORRECT Information		Enter the letter code (F or C) here ↓	
Employer Identification Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	Employer Identification Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business Name				Business Name			
Street Address				Street Address			
City	State	Zip Code		City	State	Zip Code	
Authorized Representative (PLEASE PRINT)					Title		
Signature				Date		Daytime Telephone	

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INDIVIDUALS ONLY CHANGE FORM

Please print or type your correct information
Use this form **ONLY** if the information on your PA-40ES
form is incorrect

I am changing - fill in all that apply

Social Security Number Name Address

Filing Status - Enter the correct status: Single Married, Filing Jointly Married, Filing Separately Final

Deceased - Date of Death:

INSTRUCTIONS:

1. Enter the **CORRECT and INCORRECT** information in the spaces provided.
3. You must enter the Correct Social Security Number, even if it is correct on your PA-40ES form.
4. Fill in the appropriate oval(s) explaining the change(s) you are making.
5. Mail the completed form to the address shown above.

IMPORTANT: The Bureau of Individual Taxes will make all the changes that you request. However, the Bureau will only send new PA-40ES forms if you change your name or Social Security Number. If you are only changing your address, the bureau will correct your account, but please continue to use the PA-40ES forms that show your correct SSN and name.

IMPORTANT: WE CANNOT CORRECT YOUR ACCOUNT WITHOUT YOUR CORRECT SSN.

CORRECT Information				INCORRECT Information			
Your Social Security Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	Social Security Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Also enter your spouse's Social Security Number, if applicable	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Name				Name			
Street Address				Street Address			
City	State	Zip Code		City	State	Zip Code	
Signature				Date		Daytime Telephone	