

**pennsylvania**

DEPARTMENT OF REVENUE

Bureau of Individual Taxes
PO BOX 280605
Harrisburg PA 17128-0605**PERSONAL INCOME TAX
FAX COVER SHEET**

NOTE: Please include only one taxpayer's information and one tax year per fax. Do not highlight information on any sheets included with the fax. Failure to follow these instructions will result in delays in processing or payment of refunds.

Taxpayer Name (name listed first on return or notice)

Taxpayer SSN/EIN**To:** _____**Message:****Reason for Fax (check all boxes that apply):**

- ☐ Required E-File Return Attachments
 - ☐ Military orders and other information (fax: 717-772-4193 or 717-787-2840)
 - ☐ Other states' returns and federal Form 1116 (fax: 717-705-6651)
- ☐ Response to Department Notice
 - ☐ Request for Information (fax: 717-783-5823)
 - ☐ Other: Clarify documents faxed and reason for fax (fax to the number on the notice you are responding to)

Sender Information:

Name of Sender

Telephone Number

Number of pages sent including fax cover sheet: _____

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