

Your Social Security No.

Spouse's Social Security No.

Last Name

Your First Name

Your Middle Initial

Spouse's Last Name

Spouse's First Name

Middle Initial

P.O. Box, Apt, Suite, Floor, Rural Route No., etc

Payment Amount

\$ \_\_\_\_\_

City

State

ZIP Code

Telephone

Make check or money order  
payable to the Pennsylvania  
Department of Revenue