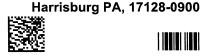




TELEFILE REQUEST FORM

This form must be submitted to the Pennsylvania Department of Revenue if you are currently unable to file sales and use tax and/or employer withholding tax using myPATH (mypath.pa.gov). This request must be submitted at least 30 business days prior to a due date; otherwise, you will be required to submit such return on myPATH for that taxable period. This request does not exempt businesses from their assigned filing and payment requirements. Please complete the following information to receive consideration for this request:

SECTION I – BUSINESS INFORM	IATION			
Tax Type(s) (check all that apply):	☐ Employer Withholding Tax	Withholding ID		
	∑ Sales and Use Tax	License ID	>	
Business Legal Name:	A cales and ose Tax	License ID *=	7	
Buomoos Logar Name.				
Business Trade Name or Doing Bu	ısiness As (DBA):			
FEIN:	SSN (Sole P	roprietor's if FEIN d	oes not exist):	
Mailing Address:				
			·	
City:	State:		Zip Code:	
SECTION II – REASON				
Mark the appropriate reason(s) for	not using myPATH: 📈 Unable to	Unable to access internet Religious exemption NO Teliable Secure Service		
	Religious	s exemption	Slourl	Servic
SECTION III – AFFIRMATION				
Please verify by initialing each stat	ement that you have read and unde	erstand the following	j:	
1 I understand that	t if this form is not filled out complet	tely, I will be require	d to file using myP.	ATH.
2 I understand that	t if approved, I will be notified by the	e Pennsylvania Dep	artment of Revenu	e.
			Do C S & 400.4\ 44	nat the
	unsworn falsification to authoritic locument and the answers and in /ledge, information and belief.			
undersigned has reviewed this d	locument and the answers and in	nformation provide		



PO Box 280900

