



PA DEPARTMENT OF REVENUE
HARRISBURG, PA 17128

**NONWITHOLDING OF
PA INCOME TAX APPLICATION
(For Partners/Shareholders)**

This application must be completed by partners, members or shareholders of partnerships, associations or PA S Corporations who claim exemption from the withholding provisions of the PA Personal Income Tax Act (including clearing agencies, brokers or financial institutions). This application must be filed with the partnership, association or PA S Corporation.

PART I IDENTIFICATION

1a. Name of beneficial owner of partnership, association or PA S Corporation interest. **1b. Taxpayer Identification Number**

1c. Permanent street address
Address City State Zip Code

1d. Current mailing address, if different than permanent street address (include apartment or suite number or post office box if mail is not delivered to street address).
Address City State Zip Code

1e. Withholding agent (enter name of partnership, association or PA S Corporation) **1f. Taxpayer Identification Number**

1g. Current mailing address (include apartment or suite number or post office box if mail is not delivered to street address).
Address City State Zip Code

COMPLETE PART 2 OR PART 3

PART 2 CERTIFICATION BY BENEFICIAL OWNER

The beneficial owner of an interest in the withholding agent is (check applicable block):

- A PA S Corporation or other corporation
 A pension, profit-sharing or charitable trust, a business trust, a partnership or other unincorporated enterprise
 A resident individual, estate or trust

PART 3 CERTIFICATION BY NOMINAL OWNER

3a. Name of nominal owner of partnership, association or PA S Corporation interest. **3b. Taxpayer Identification Number**

3c. Current mailing address (include apartment or suite number or post office box if mail is not delivered to street address).
Address City State Zip Code

3d. The nominal owner holds its interest in withholding agent as a nominee on behalf of the beneficial owner. The beneficial owner is (check applicable block):
 A PA S Corporation or other corporation
 A pension, profit-sharing or charitable trust, a business trust, a partnership or other unincorporated enterprise
 A resident individual, estate or trust

PART 4 REVOCATION OR TERMINATION OF PRIOR WITHHOLDING EXEMPTION CERTIFICATE

Check this box if you are revoking a prior Nonwithholding of PA Income Tax Application.

Under penalties of perjury, I certify that to the best of my knowledge and belief the information entered on this form is correct.

Print or type name of beneficial owner or authorized representative.

Signature

Date