



PA-40ESR (F/C) (04-14)

TAX YEAR

2017

DATE
FILED

M M D D Y Y Y Y

01152018

EMPLOYER IDENTIFICATION NUMBER

690000003

DAYTIME TELEPHONE NUMBER

FIDUCIARY / PARTNERSHIP NAME

TRRM LIMITED PARTNERS

NAME continued

PO BOX, APT NO, SUITE, FLOOR, RR NO, ETC

PO BOX 144

STREET ADDRESS

CITY

BROOKVILLE

STATE

PA

ZIP CODE

15825

**DECLARATION OF ESTIMATED TAX
OR ESTIMATED WITHHOLDING TAX
FOR FIDUCIARIES, PARTNERSHIPS &
OTHER PASS THROUGH ENTITIES**READ INSTRUCTIONS BEFORE ENTERING
DOLLAR AMOUNTSMAKE CHECKS PAYABLE TO
PA DEPARTMENT OF REVENUE

MAIL THIS FORM WITH YOUR PAYMENT TO

PA DEPARTMENT OF REVENUE
PO BOX 280403
HARRISBURG PA 17128-0403**MUST MARK (FILL IN OVAL)****TYPE OF ACCOUNT.**☐ F - FIDUCIARY (ESTATE or TRUST)☐ C - (PARTNERSHIP, ASSOCIATION
or PA S CORPORATION)**FISCAL FILERS ONLY**

M M D D Y Y Y Y

BEGINNING

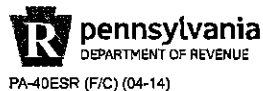
M M D D Y Y Y Y

ENDING

AMOUNT OF PAYMENT

\$ 500.00

**DECLARATION OF ESTIMATED TAX
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07152018

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6900000003

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TRM LIMITED PARTNERS

NAME continued

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HARRISBURG PA 17128-0403

MUST MARK (FILL IN OVAL)

TYPE OF ACCOUNT:

- ☐ F - FIDUCIARY (ESTATE or TRUST)
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or PA S CORPORATION)

FISCAL FILERS ONLY

M M D D Y Y Y Y

BEGINNING

M M D D Y Y Y Y

ENDING

AMOUNT OF PAYMENT

\$ 255,000.00

**DECLARATION OF ESTIMATED TAX
OR ESTIMATED WITHHOLDING TAX**

DEPARTMENT USE ONLY