



**9 Tax:**

Check the appropriate block(s) to indicate the tax(es) you will be paying by EFT. Enter the account number for each tax type. If you select the ACH debit option, the tax type(s) checked should fall under the bank account listed in Section 8 from which the payment(s) will be drawn.

1.	<input type="checkbox"/> Capital Stock/Foreign Franchise Tax Loans Tax Corporate Net Income Tax	File (Box) Number <input style="width: 100%; height: 20px;" type="text"/>
(All 3 taxes reported on RCT-101)		
2.	<input type="checkbox"/> Utilities Gross Receipts Tax	File (Box) Number <input style="width: 100%; height: 20px;" type="text"/>
3.	<input type="checkbox"/> Gross Receipts Telecommunication Taxes for Intrastate, Interstate, Mobile	File (Box) Number <input style="width: 100%; height: 20px;" type="text"/>
4.	<input type="checkbox"/> Public Utility Realty Tax	File (Box) Number <input style="width: 100%; height: 20px;" type="text"/>
5.	<input type="checkbox"/> Bank Shares Tax Title Insurance and Trust Company Shares Tax Bank Loans Tax	File (Box) Number <input style="width: 100%; height: 20px;" type="text"/>
6.	<input type="checkbox"/> Mutual Thrift Institutions Tax	File (Box) Number <input style="width: 100%; height: 20px;" type="text"/>
7.	<input type="checkbox"/> Insurance Premiums Tax	File (Box) Number <input style="width: 100%; height: 20px;" type="text"/>
8.	<input type="checkbox"/> Marine Insurance Premiums Tax	File (Box) Number <input style="width: 100%; height: 20px;" type="text"/>
9.	<input type="checkbox"/> Liquid Fuels and Fuels Tax	EIN <input style="width: 100%; height: 20px;" type="text"/>
10.	<input type="checkbox"/> Motor Carriers Road Tax	Account Number <input style="width: 100%; height: 20px;" type="text"/>
11.	<input type="checkbox"/> IFTA - Motor Carriers	Account Number <input style="width: 100%; height: 20px;" type="text"/>
12.	<input type="checkbox"/> Malt Beverage Tax	Account Number <input style="width: 100%; height: 20px;" type="text"/>
13.	<input type="checkbox"/> Cigarette Stamp Agents	Account Number <input style="width: 100%; height: 20px;" type="text"/>
14.	<input type="checkbox"/> Pari-Mutuel	Account Number <input style="width: 100%; height: 20px;" type="text"/>
15.	<input type="checkbox"/> Unstampable Little Cigar Tax	License Number <input style="width: 100%; height: 20px;" type="text"/>

**10 Authorized Signature Information:**

I certify the information provided on this form is true and correct and authorize the PA Department of Revenue to use the information herein in direct conjunction with the EFT program.

Print Name: Last	First	M.I.	Title	Date
Signature			Telephone Number	
			(       )	

Make a copy of this completed Authorization Agreement for your records. You may fax your completed Authorization Agreement to 717-787-0145, or mail it to the PA DEPARTMENT OF REVENUE, PO BOX 280908, HARRISBURG, PA 17128-0908.

For additional information on electronic filing visit [www.revenue.state.pa.us](http://www.revenue.state.pa.us) or call 717-783-6277. Services for taxpayers with special hearing and/or speaking needs: 1-800-447-3020 (TT only).