INSTRUCTIONS FOR REV-857
PA CORPORATION TAXES ESTIMATED TAX PAYMENT COUPON

Do not mail this coupon if payment is being made electronically.

1. **Enter account information** including file period begin, file period end, Tax Account ID, quarter due date for which payment is being made, corporation name, complete mailing address, state of incorporation and EIN.
2. **Enter payments** required for capital stock/foreign franchise (CS/FF) and corporate net income (CNI) taxes. Also enter total payment. If no payment is being made for a tax, enter zero. If no payment is required for either tax, do not submit this form.
3. **Signature, title, date, email address and telephone number** should be provided by a representative of the corporation.
4. **Make check** payable to "PA Department of Revenue" equal to the total payment on Line 3. Mail the check and coupon to:

   PA DEPARTMENT OF REVENUE
   PO BOX 280422
   HARRISBURG PA 17128-0422

5. For information on electronic filing options, visit the e-Services Center at **www.revenue.state.pa.us.**

DO NOT USE DASHES (-) OR SLASHES (/) IN ANY FIELDS. ENTER DATE AS MMDDYYYY.

DETACH HERE BEFORE MAILING

pennsylvania
DEPARTMENT OF REVENUE
BUREAU OF CORPORATION TAXES

REV-857 CT (04-11)

PA CORPORATION TAXES

REV-857 ESTIMATED TAX PAYMENT

DEPT USE ONLY

FILE PERIOD BEGIN	FILE PERIOD END	TAX ACCOUNT ID	QTR	QUARTER DUE DATE

CORPORATION NAME		
STATE OF INCORPORATION	EIN	
ADDRESS		
STREET		
CITY	STATE	ZIP

1. CS/FF TAX PAYMENT .00
2. CNI TAX PAYMENT .00
3. TOTAL PAYMENT (Add Lines 1 and 2.) $ 0.00

Make checks payable to "PA DEPT OF REVENUE."
If payment is being made electronically, **do not mail this coupon**.

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS COUPON.

RESET PRINT

SIGNATURE	TITLE	DATE	EMAIL	TELEPHONE
Please sign after printing.				