

DO NOT USE THIS COUPON IF YOUR PAYMENT EXCEEDS \$1,000

INSTRUCTIONS FOR REV-853 PA CORPORATION TAXES ANNUAL EXTENSION REQUEST COUPON

1. **Do not use this coupon** if electronically submitting an extension request with payment.
2. **Enter account information** including file period begin, file period end, Revenue ID, corporation name, state of incorporation, EIN and complete mailing address.
3. **Beginning tax year 2013**, taxpayers granted an extension to file the federal return will automatically be granted an extension to file the PA Corporate Tax Report, RCT-101. Corporate taxpayers granted a federal extension must indicate this on Page 1 of RCT-101 and include a copy of the federal extension request with the report. There is no need to file REV-853. However, if you do not request a federal extension you may file REV-853 to receive a Pennsylvania extension of up to 60 days. Payment must still be made by the original due date of the report.
4. **Enter payments** required for capital stock/foreign franchise (CS/FF), loans and corporate net income (CNI) taxes. Also enter total payment. If no payment is being made for a tax, enter zero. **NOTE:** The electronic funds transfer requirement was reduced from \$10,000 to \$1,000. All payments of \$1,000 or more made after Dec. 31, 2013, must be made electronically. For information on electronic filing options, visit the e-Services Center at www.revenue.state.pa.us.
5. **If less than \$1,000** mail the coupon and a check made payable to PA Department of Revenue.

PA DEPARTMENT OF REVENUE
 PO BOX 280425
 HARRISBURG PA 17128-0425
6. **Signature, title, date, email address and telephone number** must be provided by a representative of the corporation.
7. **Must use mmddyyyy format** in all date fields.

**PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS COUPON.
DETACH HERE BEFORE MAILING**



REV-853 CT (11-13)

PA CORPORATION TAXES

REV-853 ANNUAL EXTENSION REQUEST

DEPT USE ONLY

FILE PERIOD BEGIN	FILE PERIOD END	REVENUE ID
CORPORATION NAME		
STATE OF INCORPORATION	EIN	
ADDRESS		
STREET		
CITY	STATE	ZIP

1. CS/FF TAX PAYMENT	.00
2. LOANS TAX PAYMENT	.00
3. CNI TAX PAYMENT	.00
4. TOTAL PAYMENT (Add Lines 1, 2 and 3.)	\$.00

Make check payable to "PA DEPT OF REVENUE."

SIGNATURE	TITLE	DATE	EMAIL	TELEPHONE
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