

**PA-40 Payment Voucher (PA-V)**

Use the 2015 form PA-V with a payment of tax owed with a 2015 PA-40, Personal Income Tax Return. Do not use this voucher for any other purpose. Follow the instructions below.

**Social Security Number (SSN)**

- SSN - enter the primary taxpayer's nine-digit SSN without the hyphens.
- SSN - enter the spouse's nine-digit SSN without the hyphens.

**Check Digit**

Print the first two letters of the last name of the taxpayer.

**Name of Taxpayer and Spouse**

- Print the last name, first name and middle initial of the taxpayer and spouse.

**Address**

- First and Second Line of Address – Print the taxpayer's complete street address. If the address has an apartment, suite or RR number, enter after the street address. If only one line is needed, use the First Line of Address.
- City – Print the name of the city. For foreign addresses, the bottom line of the address should show only the country name, written in full (no abbreviations) and in capital letters.
- State – Print the two-digit state abbreviation.
- ZIP – Print the five-digit ZIP Code.

**Taxpayer's Phone Number**

Print the taxpayer's 10-digit phone number with area code including hyphens.

**Payment**

Carefully enter the amount of the payment.

Make the check or money order payable to the "PA DEPARTMENT OF REVENUE". Please write on the check or money order:

- The last four digits of the primary taxpayer's SSN;
- "2015 PA-40"; and
- Daytime telephone number of the taxpayer(s).

If the check or money order does not include the primary taxpayer's name, the department will also need the name of the primary taxpayer as well as the information requested above. In the event the check becomes separated from the PA-V, the department will need this information to accurately apply the payment.

**Mailing Address**

If filing a paper return, please remit payment with the return.

If filing electronically, please use the following address to mail a payment to the department:

**PA DEPARTMENT OF REVENUE  
PAYMENT ENCLOSED  
1 REVENUE PLACE  
HARRISBURG PA 17129-0001**

▼ DETACH HERE ▼

**2015 PA-V PA PAYMENT VOUCHER**

PRIMARY SSN

CHECK DIGIT SPOUSE'S SSN

1500910052

|                        |       |            |              |    |
|------------------------|-------|------------|--------------|----|
| LAST NAME              |       | FIRST NAME |              | MI |
| SPOUSE'S LAST NAME     |       | FIRST NAME |              | MI |
| FIRST LINE OF ADDRESS  |       |            |              |    |
| SECOND LINE OF ADDRESS |       |            |              |    |
| CITY                   | STATE | ZIP        | PHONE NUMBER |    |

**PAYMENT AMOUNT**

**Make check or money order payable to the Pennsylvania Department of Revenue**

**DEPARTMENT USE ONLY**