

**ELECTRONIC FUNDS TRANSFER IS RECOMMENDED  
FOR PAYMENTS OF \$1,000 OR MORE**

**INSTRUCTIONS FOR CT-V  
PA CORPORATE NET INCOME TAX FED/STATE PAYMENT VOUCHER**

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

- 1. Enter account information** including file period begin, file period end, Revenue ID, entity name, EIN, state of incorporation and complete mailing address.
- 2. Enter payment** required for PA corporate net income (CNI) tax. If no payment is being made for CNI tax, do not submit this form.
- 3. Payments of \$1,000 or more** must be made electronically or by certified or cashier's check remitted in person or by express mail courier. For non-electronic payments, mail the coupon and check payable to PA Department of Revenue to:

PA DEPARTMENT OF REVENUE  
327 WALNUT ST FL 3  
PO BOX 280701  
HARRISBURG PA 17128-0701

- 4. Payments less than \$1,000** may be made electronically or by mailing the coupon and check payable to PA Department of Revenue to:

PA DEPARTMENT OF REVENUE  
PO BOX 280427  
HARRISBURG PA 17128-0427

Filing returns and making payments electronically is easy and secure. Learn more by visiting [www.revenue.pa.gov](http://www.revenue.pa.gov) and selecting Online Services.

- 5. Signature, title, date, email address and telephone number** must be provided by a representative of the entity.
- 6. Must use mmddyyyy format** in all date fields.

**PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS COUPON.**

**DETACH HERE BEFORE MAILING**



|                        |                      |   |   |  |                      |
|------------------------|----------------------|---|---|--|----------------------|
|                        |                      | CT-V (05-16) (FI)                                     | <b>PA CORPORATE TAX<br/>FED/STATE PAYMENT VOUCHER</b> |  | <b>DEPT USE ONLY</b> |
| File Period Begin      | File Period End      | Revenue ID  | <b>F</b>  |  |                      |
| <input type="text"/>   | <input type="text"/> | <input type="text"/>                                  |   |  |                      |
| Entity Name            |                      |   | <b>USE WHOLE DOLLARS ONLY</b>                         |  |                      |
| <input type="text"/>   |                      |   |   |  |                      |
| State of Incorporation | EIN                  | <b>1. CNI TAX PAYMENT \$ <input type="text"/> .00</b> |   |  |                      |
| <input type="text"/>   | <input type="text"/> |   |   |  |                      |
| Street Address         |                      |   |   |  |                      |
| <input type="text"/>   |                      |   |   |  |                      |
| City                   | State                | ZIP   | 3627516105  |  |                      |
| <input type="text"/>   | <input type="text"/> | <input type="text"/>                                  |   |  |                      |
| Signature              |                      | Title   | Date  |  |                      |
| <input type="text"/>   |                      | <input type="text"/>                                  | <input type="text"/>                                  |  |                      |
| Email                  |                      | Telephone   |   |  |                      |
| <input type="text"/>   |                      | <input type="text"/>                                  |   |  |                      |