

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



## INSTRUCTIONS FOR REV-857 PA CORPORATE NET INCOME TAX 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, Revenue ID, quarter for which payment is being made, quarter due date, corporation name, state of incorporation, EIN and complete mailing address.
- 2. Enter payment** required for PA corporate net income (CNI) tax. If no payment is required 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 280422  
HARRISBURG PA 17128-0422  

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 corporation.
- 6. Must use mmdyyyy format** in all date fields.

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

		REV-857 CT (05-16) (FI)	PA CORPORATE TAX	DEPT USE ONLY	
DEPARTMENT OF REVENUE BUREAU OF CORPORATION TAXES		<b>REV-857 ESTIMATED TAX PAYMENT</b>			
File Period Begin	File Period End	Revenue ID	QTR	Quarter Due Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Corporation Name <input type="text"/>					
USE WHOLE DOLLARS ONLY					
State of Incorporation	EIN	1. CNI TAX PAYMENT \$ <input type="text"/> .00			
<input type="text"/>	<input type="text"/>				
Street Address <input type="text"/>					
City	State	ZIP	 8570016105		
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Signature <input type="text"/>		Title <input type="text"/>	Date <input type="text"/>		
Email <input type="text"/>		Telephone <input type="text"/>			