



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

CT-V 10-19 (FI)

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, state of incorporation, EIN 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. If paying by certified or cashier's check, make it payable to PA Department of Revenue and deliver check and coupon to:

PA DEPARTMENT OF REVENUE
 1854 BROOKWOOD ST
 HARRISBURG PA 17104

- 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 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



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|------------------------|----------------------|----------------------|---|---|
| | | CT-V 10-19 (FI) | PA CORPORATE TAX FED/STATE PAYMENT VOUCHER | DEPT USE ONLY |
| File Period Begin | File Period End | Revenue ID | | F |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| Entity Name | | | | USE WHOLE DOLLARS ONLY |
| <input type="text"/> | | | | |
| 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 | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| | | | | |
| | | 3627516105 | | |
| Signature | Title | Date | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| Email | Telephone | | | |
| <input type="text"/> | <input type="text"/> | | | |