## INSTRUCTIONS FOR REV-857
## PA CORPORATION TAXES 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 payments** required for capital stock/foreign franchise (CS/FF) and corporate net income (CNI) taxes. Also enter total payment. If no payment is being made for a tax, enter zero. If no payment is required for either tax, do not submit this form.
3. **Signature, title, date, email address and telephone number** must be provided by a representative of the corporation.
4. **Make check** payable to "PA Department of Revenue" equal to the total payment on Line 3. Mail the check and coupon to:

   PA DEPARTMENT OF REVENUE
   PO BOX 280422
   HARRISBURG PA 17128-0422

5. **For information on electronic filing options**, visit the e-Services Center at **www.revenue.state.pa.us.**
6. **Must use mmddyyyy format** in all date fields.

**DO NOT USE DASHES (-) OR SLASHES (/) IN ANY FIELDS. ENTER DATE AS MMDDYYYY.**

## DETACH HERE BEFORE MAILING

pennsylvania
DEPARTMENT OF REVENUE
BUREAU OF CORPORATION TAXES

REV-857 CT (06-12)

PA CORPORATION TAXES

### REV-857 ESTIMATED TAX PAYMENT

**DEPT USE ONLY**

| FILE PERIOD BEGIN | FILE PERIOD END | REVENUE ID | QTR | QUARTER DUE DATE |
|---|---|---|---|---|
| | | | | |

| CORPORATION NAME | | |
|---|---|---|
| | | |
| STATE OF INCORPORATION | EIN | |
| | | |
| ADDRESS | | |
| STREET | | |
| | | |
| CITY | STATE | ZIP |
| | | |

| | |
|---|---|
| 1. CS/FF TAX PAYMENT | .00 |
| 2. CNI TAX PAYMENT | .00 |
| 3. TOTAL PAYMENT (Add Lines 1 and 2.) | $ 0.00 |

Make checks payable to "PA DEPT OF REVENUE."
If payment is being made electronically, **do not mail this coupon**.

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

RESET PRINT

| SIGNATURE | TITLE | DATE | EMAIL | TELEPHONE |
|---|---|---|---|---|
| Please sign after printing. | | | | |