

## Payment

### Payment



#### Pay My Bill

You will need the Letter ID from your notice to make a bill payment. You may be required to log in to make payments for certain tax types.

> [Pay My Bill](#)



#### Make a Payment

Make a return voucher payment or an estimated/extension payment for PA-40, PA-41, or PA-205/PA-65. You can also pay your PA-1 (Use Tax Return).

> [Make a Payment](#)



#### Make a Wage Garnishment Payment

Employers making wage garnishment payments will need the Garnishment and Letter IDs.

> [Make a Wage Garnishment Payment](#)



#### Make a Bank Attachment Payment

Banks making bank attachment payments will need the Garnishment and Letter IDs.

> [Make a Bank Attachment Payment](#)



COMMONWEALTH OF PENNSYLVANIA  
Keystone State. Proudly founded in 1681 as a place of tolerance and freedom.

#### PENNSYLVANIA DEPARTMENT OF REVENUE

Contact the Department  
Provide myPATH Feedback

For your security, this application will time out after 15 minutes of inactivity. All unsaved information will be lost.

PA Make A Payment

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Demographics **Payment**

#### How would you like to apply your payment?

Account type: Personal Income Tax  
Payment type: Estimated Payment  
Tax year: 2026  
Tax Month: \_\_\_\_\_

For additional payment options, please cancel and log in to your account.

#### Taxpayer

Identification type:  
Social Security Number  
Individual Taxpayer ID Number

Social Security Number \*  
Required

First name \*  
Required

Middle name

Last name \*  
Required

Provide spouse information

#### Primary Phone

Country:  
USA

Type \*  
Required

#### Address \*

Required

Verify address

Cancel

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PA Personal Income Tax Estimated Payments

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## Make a Payment

Make a Payment

Demographics    Payment

### How would you like to apply your payment?

Account type:     Payment type:     Tax year:     Tax Month:

*For additional payment options, please cancel and log in to your account.*

#### Entity

Identification type

  

Federal Employer ID \*  
*Required*

Name \*  
*Required*

#### Primary Phone

Country:

Type \*  
*Required*

#### Address \*

*Required*

      

PA Fiduciary Estimated Payments