

0900110057

PA-40 2009 (09-09)**Pennsylvania Income Tax Return**

PA Department of Revenue, Harrisburg, PA 17129 (FI)

OFFICIAL USE ONLY

PLEASE PRINT IN BLACK INK. ENTER ONE LETTER OR NUMBER IN EACH BOX. FILL IN OVALS COMPLETELY.

Your Social Security Number

Spouse's Social Security Number (if filing jointly)

CAREFULLY PRINT YOUR SOCIAL SECURITY NUMBER(S) ABOVE

Last Name

Suffix

Your First Name

MI

OVERSEAS
MAIL -
See Foreign
Address Instructions
in PA-40 booklet.

Spouse's First Name

MI

Spouse's Last Name - Only if different from Last Name above

Suffix

First Line of Address

Second Line of Address

City or Post Office

State

ZIP Code

Daytime Telephone Number

School Code

☐ **Extension.** See the instructions.☐ **Amended Return.** See the instructions.**Residency Status.** Fill in only one oval.☐ **R** Pennsylvania Resident☐ **N** Nonresident☐ **P** Part-Year Resident from
___ /2009 to ___ /2009**Filing Status.** Fill in only one oval.☐ **S** Single☐ **J** Married, Filing Jointly☐ **M** Married, Filing Separately☐ **F** Final Return. Indicate reason:☐ **D** Deceased.

Date of death ___ /2009

☐ **Identification Label Change.**Fill in this oval if the label is not
completely correct. Discard the incorrect
label. Fill in this oval if you did not file a
2008 PA tax return.☐ **Farmers.** Fill in this oval if at least
two-thirds of your gross income is
from farming.Name of school district where you lived
on 12/31/2009:

Your occupation

Spouse's occupation

1a. Gross Compensation. Do not include exempt income, such as combat zone pay and
qualifying retirement benefits. See the instructions. 1a.

1b. Unreimbursed Employee Business Expenses. 1b.

1c. Net Compensation. Subtract Line 1b from Line 1a. 1c.

2. Interest Income. Complete **PA Schedule A** if required. 2.3. Dividend and Capital Gains Distributions Income. Complete **PA Schedule B** if required. ... 3.4. Net Income or Loss from the Operation of a Business, Profession or Farm. ... ☐ LOSS 4.5. Net Gain or Loss from the Sale, Exchange or Disposition of Property. ☐ LOSS 5.6. Net Income or Loss from Rents, Royalties, Patents or Copyrights. ☐ LOSS 6.7. Estate or Trust Income. Complete and submit **PA Schedule J**. 7.8. Gambling and Lottery Winnings. Complete and submit **PA Schedule T**. 8.9. **Total PA Taxable Income.** Add only the positive income amounts from Lines 1c, 2, 3,
4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6. 9.10. **Other Deductions.** Enter the appropriate code for the type of deduction.
See the instructions for additional information. 10.11. **Adjusted PA Taxable Income.** Subtract Line 10 from Line 9. 11.

Side 1

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PA-40 2009 (FI)

Social Security Number (shown first)

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Name(s)

ESTIMATED TAX PAID	12. PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).	12.	
	13. Total PA Tax Withheld. See the instructions.	13.	
	14. Credit from your 2008 PA Income Tax return.	14.	
	15. 2009 Estimated Installment Payments.	15.	
	16. 2009 Extension Payment.	16.	
	17. Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)	17.	
	18. Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.	18.	
Tax Forgiveness Credit, submit PA Schedule SP 19a. Filing Status: ☐ Unmarried or Separated ☐ Married ☐ Deceased			19b. Dependents, Part B, Line 2, PA Schedule SP.
	20. Total Eligibility Income from Part C, Line 11, PA Schedule SP.		
	21. Tax Forgiveness Credit from Part D, Line 16, PA Schedule SP.	21.	
	22. Resident Credit. Submit your PA Schedule(s) G-R with your PA Schedule(s) G-S, G-L, and/or RK-1.	22.	
	23. Total Other Credits. Submit your PA Schedule OC.	23.	
→	24. TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.	24.	
→	25. TAX DUE. If Line 12 is more than Line 24, enter the difference here.	25.	
	26. Penalties and Interest. See the instructions for additional information. Fill in oval if including Form REV-1630.	26.	
→	27. TOTAL PAYMENT DUE. See the instructions.	27.	
	28. OVERPAYMENT. If Line 24 is more than the total of Line 12 and Line 26, enter the difference here.	28.	
	The total of Lines 29 through 35 must equal Line 28.		
	29. Refund – Amount of Line 28 you want as a check mailed to you.	REFUND	29.
	30. Credit – Amount of Line 28 you want as a credit to your 2010 estimated account.		30.
DONATIONS	31. Amount of Line 28 you want to donate to the Wild Resource Conservation Fund. . . .		31.
	32. Amount of Line 28 you want to donate to the Military Family Relief Assistance Program.		32.
	33. Amount of Line 28 you want to donate to the Governor Robert P. Casey Memorial Organ and Tissue Donation Awareness Trust Fund.		33.
	34. Amount of Line 28 you want to donate to the Juvenile (Type 1) Diabetes Cure Research Fund		34.
	35. Amount of Line 28 you want to donate to the PA Breast Cancer Coalition's Breast and Cervical Cancer Research Fund.		35.
SIGNATURE(S). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.			
Your Signature		Date	Preparer's SSN or PTIN
Spouse's Signature, if filing jointly		Preparer's Name and Telephone Number	Firm FEIN

PLEASE DO NOT CALL ABOUT YOUR REFUND UNTIL EIGHT WEEKS AFTER YOU FILE.