PA-40 2015 (08-15) (FI)

Pennsylvania Income Tax Return PA Department of Revenue, Harrisburg, PA 17129

PLEASE PRINT IN BLACK INK	<u> </u>	D OD NII	MDED IN I	EACH BOY EI	I IN O	OFFICIAL USE OF	NLY
Your Social Security Number	Spouse's Social Se					Extension. See the instruction	nns
Tour design design, realized.	Speace & Coolai &	ounty ita	(010	iii iiiii ig copailatoiy)) (Amended Return. See the instruc	_
) :		
CAREFULLY PRINT YOUR SOCI	AL SECURITY NUMBER	(S) ABOV	E	0 55	Resid	ency Status. Fill in only one over R Pennsylvania Resident	aı.
Last Name Suffix				Suffix) (N Nonresident	
						P Part-Year Resident from	
Your First Name		MI				2015 to 20)15
			OVERSEA		Filing	Status.	_
			MAIL -			S Single	
Spouse's First Name		MI	See Foreign Address Instr	uctions		J Married, Filing Jointly	
			in PA-40 boo	klet.		M Married, Filing Separately	
Spouse's Last Name - Only if different fro	om I ast Name ahove			Suffix		F Final Return. Indicate reas	on:
opouse's East Warne - Only if unicient inc	on Last Name above			Guilla		D Dd	
						D Deceased	
First Line of Address						Taxpayer	
						Date of death 201	15
Second Line of Address			Spouse				
Second Line of Address						Date of death 201	15
						Farmers. Fill in this oval if at le	
City or Post Office	S	tate	ZIP Code			two-thirds of your gross incom	
						from farming.	
Daytime Telephone Number			School Co	do	Name	of school district where you live	d
Daytime relephone Number		,	301001 000	ue	on 12/	31/2015:	
					Your o	ccupation Spouse's occupati	ion
		L					
 Gross Compensation. Do not include qualifying retirement benefits. See th 	•						
1b. Unreimbursed Employee Business E	xpenses			1b.			
1c. Net Compensation. Subtract Line 1b	from Line 1a			1c.			
2. Interest Income. Complete PA Scheo	dule A if required			2.			
3. Dividend and Capital Gains Distribution	ons Income. Complete P	PA Sched	ule B if red	quired 3.			
4. Net Income or Loss from the Operati							
5. Net Gain or Loss from the Sale, Excl	nange or Disposition of	Property.		LOSS 5.			
6. Net Income or Loss from Rents, Roy							
7. Estate or Trust Income. Complete an	d submit PA Schedule	J		7.			
8. Gambling and Lottery Winnings. Con	nplete and submit PA S	Schedule	т	8.			
9. Total PA Taxable Income. Add only 4, 5, 6, 7 and 8. DO NOT ADD any lo							
10. Other Deductions. Enter the appropriate the instructions for additional info							
11. Adjusted PA Taxable Income. Subt	ract Line 10 from Line 9	9		11.			
							_





1500210057

Social Security Number (shown first)

Name(s)

		-					
	12.	PA Tax Liability. Multiply Line 11 by 3.07 pe	rcent (0.0307).			12.	
TED TAX PAID ▼	13.	Total PA Tax Withheld. See the instructions.	13.				
	14.	Credit from your 2014 PA Income Tax return.	14.				
	15.	2015 Estimated Installment Payments. Fill in					
	16.	2015 Extension Payment					
ESTIMATED	17.	Nonresident Tax Withheld from your PA Sche					
F ES	18.	Total Estimated Payments and Credits. Add					
		Forgiveness Credit, submit PA Schedule S Filing Status: Unmarried or Separated	SP		Deceased	19b.	Dependents, Part B, Line 2, PA Schedule SP
	20.	Total Eligibility Income from Part C, Line 11, PA Scheo	dule SP				
	21.	Tax Forgiveness Credit from Part D, Line 16	, PA Schedule S	P		21.	
	22.	Resident Credit. Submit your PA Schedule(s)	22.				
	23.	Total Other Credits. Submit your PA Schedule	23.				
—	24.	TOTAL PAYMENTS and CREDITS. Add Line	24.				
~		USE TAX. Due on internet, mail order or out-of	25.				
—	26.	TAX DUE. If the total of Line 12 and Line 25 is enter the difference here.	26.				
	27.	Penalties and Interest. See the instructions fo information. Fill in oval if including Form REV-	27.				
→	28.	TOTAL PAYMENT DUE. See the instructions.				28.	
	29.	OVERPAYMENT. If Line 24 is more than the tenter the difference here.	29.				
	30.	The total of Lines 30 through 36 must equal Refund – Amount of Line 29 you want as a cl	30.				
	31.	Credit – Amount of Line 29 you want as a cre	31.				
H	32.	Refund donation line. Enter the organization of See the instructions.	32.				
<u></u> ≥	33.	Refund donation line. Enter the organization of See the instructions.	33.				
DONATIONS	34.	Refund donation line. Enter the organization of See the instructions.	34.				
NO I	35.	Refund donation line. Enter the organization of See the instructions.	35.				
→	36.	6. Refund donation line. Enter the organization code and donation amount. See the instructions					
		I IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	oanying s	schedules and statements, and to the best of my			
	<u> </u>	belief, they are true, correct, and complete.	Data		E File Out Out		Drongrat's DTIN
	YOU	r Signature	Date		E-File Opt Out See the instructions.		Preparer's PTIN
	Spo	use's Signature, if filing jointly	Preparer's Name and	Telepho	ne Number		Firm FEIN

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

