

PA-40 2015 (08-15) (FI)
Pennsylvania Income Tax Return
PA Department of Revenue, Harrisburg, PA 17129

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 (even if filing separately)

Input boxes for Social Security Numbers

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 2015 to 2015

CAREFULLY PRINT YOUR SOCIAL SECURITY NUMBER(S) ABOVE

Last Name Suffix input boxes

Your First Name MI input boxes

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

Spouse's First Name MI input boxes

Filing Status.

- S Single
J Married, Filing Jointly
M Married, Filing Separately
F Final Return. Indicate reason:

Spouse's Last Name - Only if different from Last Name above Suffix input boxes

D Deceased

Taxpayer Date of death 2015

Spouse Date of death 2015

First Line of Address input box

Second Line of Address input box

Farmers. Fill in this oval if at least two-thirds of your gross income is from farming.

City or Post Office State ZIP Code input boxes

Name of school district where you lived on 12/31/2015:

Daytime Telephone Number School Code input boxes

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



EC OFFICIAL USE ONLY FC input boxes

Social Security Number (shown first)

[Empty box for Social Security Number]

Name(s)

12. PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307). 12.

13. Total PA Tax Withheld. See the instructions. 13.

ESTIMATED TAX PAID

14. Credit from your 2014 PA Income Tax return. 14.

15. 2015 Estimated Installment Payments. Fill in oval if including Form REV-459B. 15.

16. 2015 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-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. USE TAX. Due on internet, mail order or out-of-state purchases. See the instructions. 25.

26. TAX DUE. If the total of Line 12 and Line 25 is more than Line 24, enter the difference here. 26.

27. Penalties and Interest. See the instructions for additional information. Fill in oval if including Form REV-1630/REV-1630A 27.

28. TOTAL PAYMENT DUE. See the instructions. 28.

29. OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27 enter the difference here. The total of Lines 30 through 36 must equal Line 29. 29.

30. Refund - Amount of Line 29 you want as a check mailed to you. REFUND 30.

31. Credit - Amount of Line 29 you want as a credit to your 2016 estimated account. 31.

DONATIONS

32. Refund donation line. Enter the organization code and donation amount. See the instructions. 32.

33. Refund donation line. Enter the organization code and donation amount. See the instructions. 33.

34. Refund donation line. Enter the organization code and donation amount. See the instructions. 34.

35. Refund donation line. Enter the organization code and donation amount. See the instructions. 35.

36. Refund donation line. Enter the organization code and donation amount. See the instructions. 36.

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.

Signature and preparer information table with fields for Your Signature, Date, E-File Opt Out, Preparer's PTIN, Spouse's Signature, Preparer's Name and Telephone Number, Firm FEIN.

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

