

PA-40 2014 (07-14)(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)

CAREFULLY PRINT YOUR SOCIAL SECURITY NUMBER(S) ABOVE

Last Name
MI
Suffix

Your First Name
MI

Spouse's First Name
MI

Spouse's Last Name - Only if different from Last Name above
MI
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
/2014 to /2014

Filing Status.
S Single
J Married, Filing Jointly
M Married, Filing Separately
F Final Return. Indicate reason:
D Deceased
Taxpayer
Date of death /2014
Spouse
Date of death /2014

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 12/31/2014:
Your occupation
Spouse's occupation

Table with 11 rows for tax calculations: 1a. Gross Compensation, 1b. Unreimbursed Employee Business Expenses, 1c. Net Compensation, 2. Interest Income, 3. Dividend and Capital Gains Distributions Income, 4. Net Income or Loss from the Operation of a Business, Profession or Farm, 5. Net Gain or Loss from the Sale, Exchange or Disposition of Property, 6. Net Income or Loss from Rents, Royalties, Patents or Copyrights, 7. Estate or Trust Income, 8. Gambling and Lottery Winnings, 9. Total PA Taxable Income, 10. Other Deductions, 11. Adjusted PA Taxable Income.

Side 1



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1400210058

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 2013 PA Income Tax return. 14.

15. 2014 Estimated Installment Payments. Fill in oval if including Form REV-459B. 15.

16. 2014 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. 29.

The total of Lines 30 through 36 must equal Line 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 2015 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 information fields: 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.

Side 2



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