1000110054

PA-40 2010 (09-10)

Pennsylvania Income Tax Return

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

OFFICIAL USE ONLY

OFFICIAL USE ONLY

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

START

Your Social Security Number | Spouse's Social Security Number (if filing jointly)

CAREFULLY PRINT YOUR SOCIAL SECURITY NUMBER(S) ABOVE

PLACE LABEL HERE

Last Name | Suffix

Your First Name | MI

Spouse's First Name | MI

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

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 _____ /2010 to _____ /2010

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 _____ /2010

- ○ **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 2009 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 12/31/2010: _____

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.

Reset Entire Form

Side 1

NEXT PAGE

PRINT FORM

EC | OFFICIAL USE ONLY | FC

1000110054

1000110054

1000210052

PA-40 2010 (FI)

OFFICIAL USE ONLY

START

Social Security Number (shown first)

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 2009 PA Income Tax return.	14.	
15. 2010 Estimated Installment Payments.	15.	
16. 2010 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/REV-1630A ○	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 2011 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	E-File Opt Out ○ See the instructions.	Preparer's SSN or PTIN
Please sign after printing.			
Spouse's Signature, if filing jointly	Preparer's Name and Telephone Number		Firm FEIN
Please sign after printing.			

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

Reset Entire Form

Side 2

BACK TO PAGE ONE

PRINT FORM

1000210052

1000210052

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