

1300110051

PA-40 2013 (06-13) (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 (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
____ /2013 to ____ /2013**Filing Status.**☐ **S** Single☐ **J** Married, Filing Jointly☐ **M** Married, Filing Separately☐ **F** Final Return. Indicate reason:☐ **D** Deceased☐ **Taxpayer**

Date of death ____ /2013

☐ **Spouse**

Date of death ____ /2013

☐ **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 12/31/2013: _____

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

1300110051

1300110051

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.

14. Credit from your 2012 PA Income Tax return. 14.

15. 2013 Estimated Installment Payments. Fill in oval if including Form REV-459B. 15.

16. 2013 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. **USE TAX.** Add amount. 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 2014 estimated account. 31.32. Amount of Line 29 you want to donate to the **PA Breast Cancer Coalition's Refunds
For Breast and Cervical Cancer Research Fund.** 32.33. Amount of Line 29 you want to donate to the **Wild Resource Conservation Fund.** 33.34. Amount of Line 29 you want to donate to the **Military Family Relief
Assistance Program.** 34.35. Amount of Line 29 you want to donate to the **Governor Robert P. Casey Memorial
Organ and Tissue Donation Awareness Trust Fund.** 35.36. Amount of Line 29 you want to donate to the **Juvenile (Type 1) Diabetes Cure
Research Fund** 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.

Your Signature

Date

E-File Opt Out ☐
See the instructions.

Preparer's 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.

Side 2