

PA-40 2010 (09-10)

Pennsylvania Income Tax Return

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

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)

Blank boxes for Social Security Numbers

CAREFULLY PRINT YOUR SOCIAL SECURITY NUMBER(S) ABOVE

Last Name Suffix

Blank boxes for Last Name and Suffix

Your First Name MI

Blank boxes for Your First Name and MI

Spouse's First Name MI

Blank boxes for Spouse's First Name and MI

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

Blank boxes for Spouse's Last Name and Suffix

First Line of Address

Blank box for First Line of Address

Second Line of Address

Blank box for Second Line of Address

City or Post Office State ZIP Code

Blank boxes for City or Post Office, State, and ZIP Code

Daytime Telephone Number School Code

Blank boxes for Daytime Telephone Number and 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

Table with 11 rows for tax items: 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

EC OFFICIAL USE ONLY FC

PA-40 2010 (FI)

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 <input type="checkbox"/> See the instructions.	Preparer's SSN or 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.