

Review all the preprinted information on your label and place it in the area below. Make any necessary corrections on your label and check the SSN/NAME/ADDRESS Change box below.

Your Social Security Number

Spouse's Social Security Number - even if filing separately

TYPE FILER (Check Only One)

S Single J Married Filing Jointly
M Married Filing Separately F Final - If checking box F because the taxpayer is deceased, enter the Date of Death

Last Name (Enter one letter or number in each block and use a blank block to separate words)

First Name Middle Initial Spouse's First Name & Middle Initial (only if filing jointly)

Street Number (Use a blank block to separate words) Street Name

Rural Route Number (Use a blank block to separate words) Box Number Apt./Suite

City (Use a blank block to separate words)

State

Zip Code

NAME OF SCHOOL DISTRICT

SCHOOL DISTRICT CODE

OPTION FOR A 1997 BOOKLET

Check here if you will not need a 1997 Tax Booklet

PLEASE DO NOT ENTER CENTS. ROUND TO WHOLE DOLLARS

1a Gross Compensation from W-2 form(s) and other statements .1a \$

1b Unreimbursed Employee Business Expenses from PA Schedule UE .1b \$

1c Net PA Taxable Compensation. Subtract line 1b from line 1a .1c \$

2 PA Taxable Interest. (Complete and attach PA Schedule A if over \$1,000) .2 \$

3 PA Taxable Dividends. (Complete and attach PA Schedule B if over \$1,000) .3 \$

4 TOTAL PA TAXABLE INCOME. Add lines 1c, 2 and 3 .4 \$

5 PA TAX LIABILITY. Multiply line 4 by 2.8% (0.028) .5 \$

6 Total PA Tax Withheld from W-2 form(s) and other statements .6 \$

7 Total Estimated Payments and Credits. See instructions .7 \$

8a Household Members from PA Schedule SP, Part II, line 4 .8a \$

8b Your Eligibility Income from PA Schedule SP, Part III, line 2 .8b \$

8c Your Total Income from PA Schedule SP, Part III, line 1 .8c \$

8d Tax Forgiveness Credit from PA Schedule SP, Part III, line 7 .8d \$

9 TOTAL CREDITS AND PAYMENTS. Add lines 6, 7 and 8d .9 \$

10 TAX DUE. Line 5 is more than line 9. See instructions for How to Pay. Use your PA-V .10 \$
Make check payable to PA DEPT. OF REVENUE

11 OVERPAYMENT. Line 9 is more than line 5. .11 \$

12a Amount of line 11 you want as a Refund Check mailed to you .12a \$
Please do not call about your refund until 8 weeks after filing

12b Amount of line 11 you want Credited to your 1997 PA Estimated Tax Account .12b \$

12c Amount of line 11 you want to Donate to the Wild Resource Conservation Fund .12c \$

12d Amount of line 11 you want to Donate to the U.S. Olympic Committee, PA Division .12d \$
THE TOTAL OF LINES 12a, 12b, 12c AND 12d MUST EQUAL LINE 11.

SIGN YOUR RETURN. Under penalties of perjury, I (we) if filing jointly declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, it is true, correct and complete.

Signature and occupation fields for taxpayer and spouse, including date and telephone number.

Preparer or Company Name, other than taxpayer(s), based on all information of which the preparer has any knowledge. \*DOUBLE CHECK ALL MATH\* ATTACH ALL SCHEDULES AND FORMS.

Preparer's date and telephone number fields.