

PA 40EZ - 1997 (I)
PENNSYLVANIA INCOME TAX RETURN

9700310023

If this is an **AMENDED** return, fill-in this oval.

OFFICIAL USE ONLY

Your Social Security Number
Spouse's Social Security Number

Type Filer: (Fill In Only One) S Single
M Married Filing Separately F Final
J Married Filing Jointly D Deceased

Last Name

Your First Name M.I.

P.O. Box, Apt. No., Suite, Floor, RR No., etc.

Spouse's First Name M.I.

Street Address

Daytime Telephone Number

City or Post Office

State

ZIP Code

School District Name and Code: School Code

Fill-in this Oval. SSN, Name or Address Change. If ANY of the label information is different from your 1996 PA tax return. (See instructions)
OPTION FOR A 1998 BOOKLET. If you or your tax preparer DO NOT want a 1998 Tax Booklet next year, fill in this oval.

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		Dollars	Cents
1a	Gross PA Taxable Compensation from W-2 forms and other wage statements.		
1b	Unreimbursed Employee Business Expenses from PA Schedule UE.		
1c	Net PA Taxable Compensation. Subtract Line 1b from 1a.		
2	PA Taxable Interest. Complete and attach PA Schedule A if over \$1,000.		
3	PA Taxable Dividends. Complete and attach PA Schedule B if over \$1,000.		
4	Total PA Taxable Income. Add Lines 1c, 2, & 3.		
5	Total PA Tax Liability. Multiply Line 4 by 2.8% (0.028).		
6	Total PA Tax Withheld from W-2 forms and other statements.		
7	Total PA Estimated Payments and Credits. See Instructions.		
8a	Dependents from PA Schedule SP, Part B, Line 2. 8a <input type="text"/>		
8b	Total Eligibility Income from PA Schedule SP Part C, Line 11.		
8c	Tax Forgiveness Credit from PA Schedule SP, Part D, Line 16.		
9	Total Payments and Credits. Add Lines 6, 7, and 8c.		
10	TAX DUE. If Line 5 is more than Line 9, enter the difference here. Make checks payable to PA. DEPT. OF REVENUE. Use your PA-V form. See the instructions on HOW TO PAY.		
11	OVERPAYMENT. If Line 9 is more than Line 5, enter the difference here.		
12	Refund - Amount of Line 11 you want as a check mailed to you.		
13	Credit - Amount of Line 11 you want as a credit to your 1998 Estimated Tax Account.		
14	Donation - Amount of Line 11 you want to give to the Wild Resource Conservation Fund		
15	Donation - Amount of Line 11 you want to give to the U.S. Olympic Committee, PA Division		
16	Donation - Amount of Line 11 you want to give to the Organ Donor Awareness Trust Fund		
17	Donation - Amount of Line 11 you want to give to the Korea/Vietnam Memorial Inc.		
18	Donation - Amount of Line 11 you want to give to Breast & Cervical Cancer Research The total of Line 12 through 18 must equal Line 11.		

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Local Information. See page _____. Enter where you lived as of December 31, 1997.
 Municipality: _____ County: _____

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.

Your Signature X	Date	Your Occupation
Spouse's Signature (if filing jointly) X	BE SURE YOU (AND YOUR SPOUSE) SIGN	Spouse's Occupation
Preparer or Company Name, other than taxpayer(s), based on all information of which preparer has any knowledge		
Preparer or Company Name (Please Print)	Date	Telephone Number ()
Signature (Optional)		

Name(s) as shown on your PA tax return: _____ Your Social Security Number

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PA SCHEDULE A – TAXABLE INTEREST

If your PA taxable interest income is over \$1,000, complete this schedule. See the instructions in your PA tax booklet for what interest is taxable or exempt. Attach additional schedules if needed.

Name of the Payer	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total PA Taxable Interest Income	

PA SCHEDULE B – TAXABLE DIVIDENDS

If your PA taxable dividend income is over \$1,000, complete this schedule. See the instructions in your PA tax booklet for what dividends must be reported as taxable. Attach additional schedules if needed.

Name of the Payer	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total PA Taxable Dividend Income	

9700410021

PA SCHEDULE UE-2 (09-97) ALLOWABLE EMPLOYEE BUSINESS EXPENSES 1997

TAXPAYER'S SOCIAL SECURITY NUMBER

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EMPLOYER'S FEDERAL ID NUMBER

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Employer's Address

Describe the duties of the job in which you incurred these expenses:

See instructions for each type of expense in your booklet. Expenses must be required as a condition of your employment and are not reimbursed.

PART A: UNION DUES. List the name of each Union and amount paid to each Union. Enter total.

Name & Amount	Name & Amount

PART B: WORK CLOTHES AND UNIFORMS. Description and amounts paid. Clothing must not be suitable for everyday use.

PART C: SMALL TOOLS AND SUPPLIES. Description and amounts paid. Tools and supplies must not be provided by the employer.

PART D: PROFESSIONAL LICENSE FEES, MALPRACTICE INSURANCE, AND FIDELITY BOND PREMIUMS. Description and amount paid.

PART E: TRAVEL AND MILEAGE. Enter amount from attached Form 2106. If claiming other expenses from Line 4 of Form 2106, describe.

A							
B							
C							
D							
E							
1b							

Total Unreimbursed Employee Business Expenses.

Add Parts A through E. Enter here and on Line 1b of your Tax Return.

Separate PA schedules UE must be filed if you have more than one occupation and/or your spouse also incurs employee business expenses.