

Commonwealth of Pennsylvania Income Tax Return

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

Your Social Security Number

Spouse's Social Security Number

Last Name

Your First Name

MI

Spouse's First Name

MI

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

First line of address - P.O. Box, Apartment Number, Suite, Floor, RR No. - if applicable

Second line of address - Street Address

City or Post Office

State

ZIP Code

School Code

Daytime Telephone Number

School District Name where you lived on December 31, 2001.

Identification Label Change.

Fill in this oval if:

The label you received is not completely correct, or you did not file a 2000 PA tax return.

Do not make corrections on the label - DISCARD IT.

Important. If you moved into or out of Pennsylvania during 2001, you must file a PA-40 long form.

Amended Return. Fill in this oval if you are amending your 2001 PA return.

Type Filer. Fill in only one oval.

Single

S

Married, Filing Jointly

J

Married, Filing Separately

M

Important. If filing a final return or filing for a deceased person, you must use a PA-40. See Forms Ordering.

County where you lived on 12/31/2001.

Municipality where you lived on 12/31/2001.

0100310051

1a. Gross Compensation. See page 16. 1a.

1b. Unreimbursed Employee Business Expenses. See page 16. 1b.

1c. Net Compensation. Subtract Line 1b from Line 1a. 1c.

2. Interest Income. Complete and enclose a PA Schedule A, if over \$2,500. 2.

3. Dividend Income. Complete and enclose a PA Schedule B, if over \$2,500. 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. 6.

TAX BACK/Tax Forgiveness Credit. See page 11.

7a. Filing Status from your PA Schedule SP

Unmarried or Separated

Married

7b. Total Eligibility Income. 7b.

From your PA TeleFile Schedule SP, Line 11.

8. TAX BACK/Tax Forgiveness Credit. From your PA TeleFile Schedule SP. 8.

9. Total Payments and Credits. Add Lines 6 and 8. 9.

10. TAX DUE. If Line 5 is more than Line 9, enter the difference here. 10.



PA-40EZ - 2001

PA-40EZ (09-01)
PA Department of Revenue

Social Security Number

Your Name:

- 11. **OVERPAYMENT.** If Line 9 is more than Line 5, enter the difference here. 11.
Enter how you want your overpayment applied. If you only want a refund check, enter the amount from Line 11 on Line 12.
You may not request direct deposit on a paper return. If you want to donate to one or more of the funds listed below, enter the amounts on those lines.
The total of Lines 12 through 17 must equal Line 11.
- 12. **Refund --** Amount of Line 11 you want as a check mailed to you. **Refund** 12.
- 13. **Donation --** Amount of Line 11 you want to donate to the **Wild Resource Conservation Fund.** 13.
- 14. **Donation --** Amount of Line 11 you want to donate to the **United States Olympic Committee.** 14.
- 15. **Donation --** Amount of Line 11 you want to donate to the **Governor Robert P. Casey Memorial Organ and Tissue Donation Awareness Trust Fund.** 15.
- 16. **Donation --** Amount of Line 11 you want to donate to the **Korea/Vietnam Memorial, Inc.** 16.
- 17. **Donation --** Amount of Line 11 you want to donate to the **Breast and Cervical Cancer Research Fund.** 17.

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.

PLEASE DO NOT CALL ABOUT YOUR REFUND UNTIL 8 WEEKS AFTER YOU FILE.

PA Schedule W-2S (09-01)
PA Department of Revenue

Wage Statement Summary

2001

Instructions. Do not submit your Form(s) W-2 if using this schedule. Enter the required information from each Form W-2, and keep your original forms. **Important.** Your PA and federal compensation may be different. **Caution.** Do not use this schedule: (1) If your Form(s) W-2 shows that you earned income in another state - you must submit your actual Form(s) W-2, or (2) If you believe an amount on your Form(s) W-2 is incorrect - you must submit the actual Form(s) W-2 with a written explanation from your employer. If you have compensation from forms other than Form(s) W-2, you must submit those statements as evidence of your PA taxable compensation.

Information From Each Form W-2.

Number of Form(s) W-2

If you need more space you may photocopy this schedule or prepare your own schedule in this format.

(a)	(b)	Include the total on Line 1a (c)	Include the total on Line 6 (d)
Employer Identification Number from box b	Federal wages from box 1	PA compensation from box 16	PA tax withheld from box 17
1. -	\$	\$	\$
2. -	\$	\$	\$
3. -	\$	\$	\$
4. -	\$	\$	\$
5. -	\$	\$	\$
6. -	\$	\$	\$
7. -	\$	\$	\$
Total. Add the amounts in columns (c) and (d).		\$	\$

- Do not include local income tax withheld in column (d).
- Do not include tax withheld to another state or country in column (d).
- Caution.**
The Department reserves the right to require your actual Form(s) W-2.



0100410059

PA-40EZ Mailing Addresses

Please select the appropriate address from the following:

If you owe tax

PA DEPARTMENT OF REVENUE
PAYMENT ENCLOSED
1 REVENUE PLACE
HARRISBURG PA 17129-0001

If you neither owe nor overpaid

PA DEPARTMENT OF REVENUE
NO PAYMENT/NO REFUND
2 REVENUE PLACE
HARRISBURG PA 17129-0002

If you overpaid

PA DEPARTMENT OF REVENUE
REFUND REQUESTED
3 REVENUE PLACE
HARRISBURG PA 17129-0003

Amended Returns

PA DEPARTMENT OF REVENUE
BUREAU OF INDIVIDUAL TAXES
DEPARTMENT 280502
HARRISBURG PA 17128-0502