

PA-40 - 2001 (09-01)
Pennsylvania Income Tax Return
 PA Department of Revenue, Harrisburg, PA 17129-0001

0100110055

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	Extension. See instructions.
Last Name		Amended Return. Fill in this oval if you are amending your 2001 PA return.
Your First Name	MI	Fiscal Year Filer. Fill in this oval. FY beginning 2001 & ending
Spouse's First Name	MI	Residency Status. Fill in only one oval. R Pennsylvania Resident N Nonresident P Part-Year Resident from 2001 to 2001.
Spouse's Last Name - Only if different from Last Name above		Type Filer. 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 2001
First line of address - P.O. Box; Apartment Number; Suite; RR No. - if applicable		Identification Label Change. Fill in this oval if the label you received with this booklet is not completely correct, or if you did not file a 2000 PA tax return. Do not make corrections on the label -- DISCARD IT.
Second line of address - Street Address		
City or Post Office	State ZIPCode	
School Code	Daytime Telephone Number	
Name of school district where you lived on 12/31/2001.	County where you lived on 12/31/2001.	Municipality where you lived on 12/31/2001.

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- 1a. Gross Compensation. See the instructions. 1a.
- 1b. Unreimbursed Employee Business Expenses. See the instructions. 1b.
- 1c. Net Compensation. Subtract Line 1b from Line 1a. 1c.
- 2. Interest Income. Complete and submit **PA Schedule A**, if over \$2,500. 2.
- 3. Dividend Income. Complete and submit **PA Schedule B**, if over \$2,500. 3.
- 4. Net Income or Loss from the Operation of a Business, Profession, or Farm. 4.
- 5. Net Gain or Loss from the Sale, Exchange, or Disposition of Property. 5.
- 6. Net Income or Loss from Rents, Royalties, Patents, or Copyrights. 6.
- 7. Estate or Trust Income. Complete and submit **PA Schedule J**. 7.
- 8. Gambling and Lottery Winnings. 8.
- 9. **Total PA Taxable Income.** 9.
 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.
- 10. **Deduct payments to Medical Savings Account.** 10.
- 11. **Adjusted PA Taxable Income.** Subtract Line 10 from Line 9. 11.
- 12. **PA Tax Liability. Multiply Line 11 by 2.8% (0.028). Also enter on Line 13, Side 2.** 12.

EC Side 1 OFFICIAL USE ONLY FC
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PA-40 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