

PA-40 2004 (09-04)

Pennsylvania Income Tax Return

PA Department of Revenue, Harrisburg, PA 17129

OFFICIAL USE ONLY

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

Your Social Security Number

[Social Security Number box]

Spouse's Social Security Number (if filing jointly)

[Spouse's Social Security Number box]

CAREFULLY PRINT YOUR SOCIAL SECURITY NUMBER(S) ABOVE

Last Name

[Last Name box]

Suffix

[Suffix box]

Your First Name

[Your First Name box]

MI

[MI box]

OVERSEAS MAIL - Use full return address to include city, country and ZIP Code in local formats.

Spouse's First Name

[Spouse's First Name box]

MI

[MI box]

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

[Spouse's Last Name box]

Suffix

[Suffix box]

First Line of Address

[First Line of Address box]

Second Line of Address

[Second Line of Address box]

City or Post Office

[City or Post Office box]

State

[State box]

ZIP Code

[ZIP Code box]

Daytime Telephone Number

[Daytime Telephone Number box]

School Code

[School Code box]

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 2004 to 2004

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 2004

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 2003 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 12/31/2004:

Your occupation Spouse's occupation

- 1a. Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions. 1a.
1b. Unreimbursed Employee Business Expenses. 1b.
1c. Net Compensation. Subtract Line 1b from Line 1a. 1c.
2. Interest Income. Complete PA Schedule A if required. 2.
3. Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required. 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. Complete and submit PA Schedule T. 8.
9. Total PA Taxable Income. 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. 9.
10. Medical Savings Account. CAUTION: See the instructions. Enter the amount from your Federal Income Tax return. Do not deduct medical expenses or insurance. 10.
11. Adjusted PA Taxable Income. Subtract Line 10 from Line 9. 11.

Side 1

EC OFFICIAL USE ONLY FC

# PA-40 2004

Social Security Number shown first

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[ ]  
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 2003 PA Income Tax return. . . . . 14.

15. 2004 Estimated Installment Payments. . . . . 15.

16. 2004 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.**

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** 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.  
If attaching form REV-1630, fill in this oval  26.

27. **TOTAL PAYMENT.** Add Lines 25 and 26. . . . . 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 2005 estimated account. . . . 30.

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 **United States Olympic Committee.** . . . 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 **Korea/Vietnam Memorial Inc.** . . . . . 34.

35. Amount of Line 28 you want to donate to the **Breast and Cervical Cancer Research Fund.** . . . . . 35.

DONATIONS

**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 \_\_\_\_\_ Spouse's Signature, if filing jointly \_\_\_\_\_ Date \_\_\_\_\_

OPTIONAL

Preparer or Company Name, other than taxpayer(s), based on all information of which the preparer has any knowledge. (Please Print) \_\_\_\_\_ Date \_\_\_\_\_ Preparer telephone number \_\_\_\_\_

## PA-40 Mailing Addresses

Please select the appropriate address from the following:

**If you owe tax:**

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

**If you neither owe nor overpaid:**

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

**If you overpaid:**

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

**Amended Returns:**

Use the above addresses for filing an amended return.