

PA-40 2007 (09-07) (FI)
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
Spouse's Social Security Number (if filing jointly)

CAREFULLY PRINT YOUR SOCIAL SECURITY NUMBER(S) ABOVE

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

PLACE LABEL HERE

First Line of Address
Second Line of Address
City or Post Office
State
ZIP Code
Daytime Telephone Number
School Code

Extension. See the instructions.
Amended Return. See the instructions.
Residency Status. Fill in only one oval.
Filing Status. Fill in only one oval.
Identification Label Change.
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 12/31/2007:
Your occupation
Spouse's occupation

Table with 11 rows for tax calculations: 1a. Gross Compensation, 1b. Unreimbursed Employee Business Expenses, 1c. Net Compensation, 2. Interest Income, 3. Dividend and Capital Gains Distributions Income, 4. Net Income or Loss from the Operation of a Business, Profession, or Farm, 5. Net Gain or Loss from the Sale, Exchange, or Disposition of Property, 6. Net Income or Loss from Rents, Royalties, Patents, or Copyrights, 7. Estate or Trust Income, 8. Gambling and Lottery Winnings, 9. Total PA Taxable Income, 10. Other Deductions, 11. Adjusted PA Taxable Income.

Side 1

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# PA-40 2007 <sup>(FI)</sup>

Social Security Number (shown first)

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 2006 PA Income Tax return. . . . . 14.

15. 2007 Estimated Installment Payments. . . . . 15.

16. 2007 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, submit PA Schedule SP**

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-R** with your **PA Schedule(s) G-S, G-L, 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 for additional information. Fill in oval if including Form REV-1630. . . . . 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 2008 estimated account. . . . . 30.

DONATIONS

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 **Military Family Relief Assistance Program.** . . . . . 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 **Juvenile (Type 1) Diabetes Cure Research Fund** . . . . . 34.

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

**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	Preparer's SSN or PTIN
Spouse's Signature, if filing jointly	Preparer's Name and Telephone Number	Firm FEIN

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

## 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.