

1500110059

PA-40 2015 (08-15) (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 (even if filing separately)		<input type="radio"/> Extension. See the instructions. <input type="radio"/> Amended Return. See the instructions.	
<div>CAREFULLY PRINT YOUR SOCIAL SECURITY NUMBER(S) ABOVE</div> Last Name		MI Suffix		Residency Status. Fill in only one oval. <input type="radio"/> R Pennsylvania Resident <input type="radio"/> N Nonresident <input type="radio"/> P Part-Year Resident from _____ 2015 to _____ 2015	
Your First Name		MI		Filing Status. <input type="radio"/> S Single <input type="radio"/> J Married, Filing Jointly <input type="radio"/> M Married, Filing Separately <input type="radio"/> F Final Return. Indicate reason: _____	
Spouse's First Name		MI		<input type="radio"/> D Deceased <input type="radio"/> Taxpayer Date of death _____ 2015 <input type="radio"/> Spouse Date of death _____ 2015	
Spouse's Last Name - Only if different from Last Name above		Suffix		<input type="radio"/> Farmers. Fill in this oval if at least two-thirds of your gross income is from farming.	
First Line of Address				Name of school district where you lived on 12/31/2015: _____	
Second Line of Address				Your occupation Spouse's occupation	
City or Post Office		State		ZIP Code	
Daytime Telephone Number		School Code			

- 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. ... ☐ LOSS 4.
5. Net Gain or Loss from the Sale, Exchange or Disposition of Property. ☐ LOSS 5.
6. Net Income or Loss from Rents, Royalties, Patents or Copyrights. ☐ LOSS 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. **Other Deductions.** Enter the appropriate code for the type of deduction. See the instructions for additional information. 10.
11. **Adjusted PA Taxable Income.** Subtract Line 10 from Line 9. 11.

Side 1



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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.

14. Credit from your 2014 PA Income Tax return. 14.

15. 2015 Estimated Installment Payments. Fill in oval if including Form REV-459B. 15.

16. 2015 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-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. **USE TAX.** Due on internet, mail order or out-of-state purchases. See the instructions. 25.26. **TAX DUE.** If the total of Line 12 and Line 25 is more than Line 24, enter the difference here. 26.

27. Penalties and Interest. See the instructions for additional information. Fill in oval if including Form REV-1630/REV-1630A 27.

28. **TOTAL PAYMENT DUE.** See the instructions. 28.29. **OVERPAYMENT.** If Line 24 is more than the total of Line 12, Line 25 and Line 27 enter the difference here. 29.**The total of Lines 30 through 36 must equal Line 29.**30. **Refund** – Amount of Line 29 you want as a check mailed to you. **REFUND** 30.31. **Credit** – Amount of Line 29 you want as a credit to your 2016 estimated account. 31.

32. Refund donation line. Enter the organization code and donation amount. See the instructions. 32.

33. Refund donation line. Enter the organization code and donation amount. See the instructions. 33.

34. Refund donation line. Enter the organization code and donation amount. See the instructions. 34.

35. Refund donation line. Enter the organization code and donation amount. See the instructions. 35.

36. Refund donation line. Enter the organization code and donation amount. See the instructions. 36.

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

E-File Opt Out ☐
See the instructions.

Preparer's 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.

Side 2



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