PA-40 2016 (08-16) (FI) Pennsylvania Income Tax Return PA Department of Revenue, Harrisburg, PA 17129

OFFICIAL USE ONLY

PLEASE PRINT IN BLACK INK. ENTER ONE LETTER	OR NU	MBER IN I	ACH BOX. FI	LL IN O	VALS COMPLETELY.
our Social Security Number Spouse's Social Security Number (even if filing separately)					Extension. See the instructions.
					Amended Return. See the instructions
CAREFULLY PRINT YOUR SOCIAL SECURITY NUMBER(S) ABOVE Last Name Suffix					ency Status. Fill in only one oval. R Pennsylvania Resident N Nonresident P Part-Year Resident from
Your First Name	MI				2016 to 2016
Spouse's First Name Spouse's Last Name - Only if different from Last Name above	MI	OVERSEA MAIL - See Foreign Address Instr in PA-40 boo	uctions	Filing	Status. S Single J Married, Filing Jointly M Married, Filing Separately F Final Return. Indicate reason: D Deceased
First Line of Address					Taxpayer Date of death 2016
Second Line of Address				0	Spouse Date of death 2016
City or Post Office Sta	ite 2	ZIP Code			Farmers. Fill in this oval if at least two-thirds of your gross income is from farming.
Daytime Telephone Number		School Cod	de	I	of school district where you lived 31/2016:
					ccupation Spouse's occupation
1a. Gross Compensation. Do not include exempt income, such as qualifying retirement benefits. See the instructions.					
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	Sched	ule B if req	uired 3.		
4. Net Income or Loss from the Operation of a Business, Profes	sion or	Farm	LOSS 4.		
5. Net Gain or Loss from the Sale, Exchange or Disposition of P	roperty.		LOSS 5.		
6. Net Income or Loss from Rents, Royalties, Patents or Copyrig	ghts		LOSS 6.		
7. Estate or Trust Income. Complete and submit PA Schedule J	l		7.		
8. Gambling and Lottery Winnings. Complete and submit PA Sc					
 Total PA Taxable Income. Add only the positive income amo 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 					
10. Other Deductions. Enter the appropriate code for the type of See the instructions for additional information.					
11. Adjusted PA Taxable Income. Subtract Line 10 from Line 9.			11.		



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1600210056

Social Security Number (shown first)

Name(s)

		1						
	12.	PA Tax Liability. Multiply Line 11 by 3.07 pe	rcent (0.0307)			12.		
TED TAX PAID ▼	13.	Total PA Tax Withheld. See the instructions.	13.					
	14.	Credit from your 2015 PA Income Tax return.	14.					
	15.	2016 Estimated Installment Payments. Fill in						
	16.	2016 Extension Payment						
ESTIMATED	17.	Nonresident Tax Withheld from your PA Sche	nt Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only) 17.					
FS -	18.	Total Estimated Payments and Credits. Add						
		Forgiveness Credit, submit PA Schedule S 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 Scher	dule SP					
	21.	Tax Forgiveness Credit from Part D, Line 16	21.					
	22.	Resident Credit. Submit your PA Schedule(s)	22.					
	23.	Total Other Credits. Submit your PA Schedule	23.					
~	24.	TOTAL PAYMENTS and CREDITS. Add Line	24.					
—		USE TAX. Due on internet, mail order or out-of	25.					
—	20.	26. TAX DUE. If the total of Line 12 and Line 25 is more than Line 24, enter the difference here						
	27.	7. Penalties and Interest. See the instructions for additional information. Fill in oval if including Form REV-1630/REV-1630A						
→	28.	TOTAL PAYMENT DUE. See the instructions.				28.		
	29.	29. OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27 enter the difference here.						
	30.	The total of Lines 30 through 36 must equal Refund – Amount of Line 29 you want as a cl	30.					
	31.	Credit – Amount of Line 29 you want as a credit to your 2017 estimated account 31.						
i	32.	Refund donation line. Enter the organization of See the instructions.	32.					
<u>></u>		Refund donation line. Enter the organization of See the instructions.						
DONATIONS	34.	Refund donation line. Enter the organization of See the instructions.						
	35.	5. Refund donation line. Enter the organization code and donation amount. See the instructions				35.		
→	36.	6. Refund donation line. Enter the organization code and donation amount. See the instructions						
		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	
	<u> </u>	belief, they are true, correct, and complete.	Data		E Eilo Ont Out		Proporar's DTIN	
	You	r Signature	Date		E-File Opt Out See the instructions.		Preparer's PTIN	
	Spo	use's Signature, if filing jointly	Preparer's Name and	Telepho	ne Number		Firm FEIN	
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PLEASE DO NOT CALL ABOUT YOUR REFUND UNTIL EIGHT WEEKS AFTER YOU FILE.

