PA-40 Pennsylvania Income Tax Return

PA-40 04-17 (FI) PA Department of Revenue Harrisburg, PA 17129

2017

PLEASE PRINT IN BLACK INK. ENTER ONE LETTER	R OR NU	MBER IN	EACH BOX. FI	LL IN O	VALS COMPLETELY.
Your Social Security Number Spouse's Social Sec	curity Nu	mber (even	if filing separately)		Extension. See the instructions.
				0	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				2017 to 2017
Spouse's First Name Spouse's Last Name - Only if different from Last Name above	MI	OVERSE, MAIL - See Foreigr Address Inst in PA-40 bo	n tructions	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 2017
Second Line of Address	0	Spouse Date of death 2017			
City or Post Office St	ate	ZIP Code		0	Farmers. Fill in this oval if at least two-thirds of your gross income is from farming.
Daytime Telephone Number		School Co	ode		of school district where you lived 31/2017:
					ccupation Spouse's occupation
1a. Gross Compensation. Do not include exempt income, such a qualifying retirement benefits. See the instructions					•
1b. Unreimbursed Employee Business Expenses			1b.		
1c. Net Compensation. Subtract Line 1b from Line 1a					
2. Interest Income. Complete PA Schedule A if required					
3. Dividend and Capital Gains Distributions Income. Complete P.					
4. Net Income or Loss from the Operation of a Business, Profe					
5. Net Gain or Loss from the Sale, Exchange or Disposition of					
6. Net Income or Loss from Rents, Royalties, Patents or Copyr					
7. Estate or Trust Income. Complete and submit PA Schedule	J		7.		
8. Gambling and Lottery Winnings. Complete and submit PA So9. Total PA Taxable Income. Add only the positive income amount					
4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines10. Other Deductions. Enter the appropriate code for the type of					
See the instructions for additional information.			10.		
11. Adjusted PA Taxable Income. Subtract Line 10 from Line 9)		11.		





1700210055

Social Security Number (shown first)

Name(s)

			. (0)			
ND ★	12.	PA Tax Liability. Multiply Line 11 by 3.07 pe	ercent (0.0307)		12.	
	13.	Total PA Tax Withheld. See the instructions.			13.	
	14.	Credit from your 2016 PA Income Tax return.			14.	
TAX PAID	 15.	2017 Estimated Installment Payments. Fill in	oval if including Form	REV-459B.	15.	
	 16.	2017 Extension Payment			16.	
ESTIMATED = ==================================	1 17.	Nonresident Tax Withheld from your PA Sche	edule(s) NRK-1. (Nonre	esidents only)	17.	
ES]	18.	Total Estimated Payments and Credits. Add	18.			
		Forgiveness Credit, submit PA Schedule S Filing Status: Unmarried or Separated	SP Married	Deceased	19b.	Dependents, Part B, Line 2, PA Schedule SP
	20.	Total Eligibility Income from Part C, Line 11, PA Sche	dule SP			
	21.	Tax Forgiveness Credit from Part D, Line 16	6, 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 Schedul	e OC		23.	
—	24.	TOTAL PAYMENTS and CREDITS. Add Line	24.			
—		USE TAX. Due on internet, mail order or out-	25.			
—	26.	TAX DUE. If the total of Line 12 and Line 25 i enter the difference here.	26.			
	27.	Penalties and Interest. See the instructions for information. Fill in oval if including Form REV	27.			
→	28.	TOTAL PAYMENT DUE. See the instructions			28.	
•	29.	OVERPAYMENT. If Line 24 is more than the enter the difference here.	29.			
	30.	The total of Lines 30 through 36 must equ Refund – Amount of Line 29 you want as a c	30.			
	31.	Credit – Amount of Line 29 you want as a cre	31.			
DONATIONS ▼	32.	Refund donation line. Enter the organization of See the instructions.	32.			
		Refund donation line. Enter the organization of See the instructions.	33.			
	34.	Refund donation line. Enter the organization of See the instructions.	34.			
	35.	5. Refund donation line. Enter the organization code and donation amount. See the instructions				
->- 	36.	6. Refund donation line. Enter the organization code and donation amount. See the instructions				
		INTURE(S). Under penalties of perjury, I (we) declare that I belief, they are true, correct, and complete.		schedules and statements, and to the best of my		
	<u> </u>	r Signature	Date	E-File Opt Out		Preparer's PTIN
				See the instructions.		
	Spo	use's Signature, if filing jointly	Preparer's Name and Teleph	one Number		Firm FEIN

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

