PA-40 05-19 (FI) PA Department of Revenue Harrisburg, PA 17129 PLEASE PRINT IN BLACK INK. Your Social Security Number CAREFULLY PRINT YOUR SOCIA Last Name	O 1 9 ENTER ONE LETTER (Spouse's Social Secu							
PLEASE PRINT IN BLACK INK. four Social Security Number CAREFULLY PRINT YOUR SOCIA							OFFICIAL USE ONLY	
/our Social Security Number CAREFULLY PRINT YOUR SOCIA			VIBER IN B	ЕАСН ВОХ	. FILL IN O			
		rity inur					n. See the instructions.	
						Amended F	Return. See the instructions	
					Resi	dency Status	. Fill in only one oval.	
uot Nullio	L SECURITY NUMBER(S)	ABOVE	E	Suffix			/Ivania Resident	
				Guilix	\neg	N Nonres	ident	
					\bigcirc		ear Resident from	
/our First Name		MI			/ /2	2019 to / /2019		
			OVERSEA	S		g Status.		
Spouse's First Name		MI	MAIL - See Foreign			0		
		IVII	Address Instru in PA-40 bool			J Married, Filing Jointly M Married, Filing Separa		
			1117,40 000	NOL.			eturn. Indicate reason:	
Spouse's Last Name - Only if different fror	n Last Name above			Suffix		I THIATIN	etum. mulcate reason.	
						D Deceas	sed	
						_		
First Line of Address						Taxpayer	f death / /2019	
							dealin / /2019	
Second Line of Address						Spouse	f death / /2019	
						Date of	licatii / /2010	
Site on Deet Office	Ctat				0	Farmers.	Fill in this oval if at least	
City or Post Office	Stat	e z	IP Code				of your gross income is	
						from farmi		
aytime Telephone Number School Code				Name of school district where you lived on 12/31/2019:				
						occupation	Spouse's occupation	
						occupation		
 Gross Compensation. Do not include qualifying retirement benefits. See the 	exempt income, such as instructions.	comba	t zone pay	/ and 1	a.		1	
Ib. Unreimbursed Employee Business Ex	penses			1	b.			
1c. Net Compensation. Subtract Line 1b f	rom Line 1a			1	c.			
2. Interest Income. Complete PA Schedule A if required					2.			
3. Dividend and Capital Gains Distribution	ns Income. Complete PA	Schedu	ule B if req	uired	3.			
4. Net Income or Loss from the Operatio	n of a Business, Profess	ion or F	arm		4.			
5. Net Gain or Loss from the Sale, Exchange	ange or Disposition of Pr	operty.			5.			
6. Net Income or Loss from Rents, Roya	Ities, Patents or Copyrig	hts			6.			
7. Estate or Trust Income. Complete and	l submit PA Schedule J .				7.			
8. Gambling and Lottery Winnings. Com	ploto and submit DA Sal	odula '	T		8.			
o , o					0.			
 Total PA Taxable Income. Add only the 4, 5, 6, 7 and 8. DO NOT ADD any loss 	sses reported on Lines 4	, 5 or 6		, ∠, J, 	9.			
 Other Deductions. Enter the appropr See the instructions for additional info 				1	0.			

Side 1



EC	OFFICIAL USE ONLY	FC

PA-40 2019 05-19 (FI)

1900510023

Social Security Number (shown first)

Name(s)

	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.	14. Credit from your 2018 PA Income Tax return.					
	15.	5. 2019 Estimated Installment Payments. Fill in oval if including Form REV-459B.					
	16.	6. 2019 Extension Payment					
	17.	17. Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)					
⊢ ES	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 Married Deceased Separated				19b.	Dependents, Section II, Line 2, PA Schedule SP	
	20.	Total Eligibility Income from Section III, Line 11, PA	Schedule SP				
	21.	21. Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP					
	22.	2. Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.					
	23.	Total Other Credits. Submit your PA Schedul	23.				
-	24. TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23						
-		. USE TAX. Due on internet, mail order or out-of-state purchases. See the instructions. . 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 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 total of Line 12, Line 25 and Line 27 enter the difference here.						
	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 2020 estimated account.				31.		
- 3	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. 34. Refund donation line. Enter the organization code and donation amount. 				33.		
DONATIONS	35. Refund donation line. Enter the organization code and donation amount. See the instructions. 36. Refund donation line. Enter the organization code and donation amount.			34.			
				35.			
l	See the instructions						
	SIGNATURE(S). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying (our) belief, they are true, correct, and complete.					schedules and statements, and to the I	best of my
	You	r Signature	Date	E-File Opt Out See the instructions.		Preparer's PTIN	
	Spo	Spouse's Signature, if filing jointly Preparer's Name and Telephone Number			Firm FEIN		
		PLEASE DO NOT CALL A		INTIL EIGHT WEEKS	AFTER	YOU FILE.	
			Side 2				-
L		L 900210053	1181 81188 1111 1881			1900210053	