

PA-40R INCOME TAX RETURN

*** YOU MUST FILE BY MIDNIGHT MONDAY, APRIL 15, 1996 ***

Fiscal Year Filer Beginning _____, 1995 Ending _____, 1996
Commonwealth of Pennsylvania PA Department of Revenue

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OFFICIAL USE ONLY

OFFICIAL USE ONLY

TYPE FILER (Check Only One)

S SINGLE M MARRIED FILING SEPARATELY J JOINT F FINAL

Check Here Only If a Part-Year Resident

From _____, 1995 to _____, 1995

NAME OF THE SCHOOL DISTRICT where you lived December 31, 1995

SCHOOL DISTRICT CODE

CHECK IF YOU WILL NOT NEED A 1996 PA TAX BOOKLET

ENTER SOCIAL SECURITY NUMBER, NAME AND ADDRESS IN THE SPACE BELOW.

Your Social Security Number

Spouse's Social Security Number-even if filing separately

Name (Last, First and Middle Initial)

Spouse's

Street Address (Including Number)		Apt. No.	Rural Route or Post Office Box Number
City	State	Zip Code	

				INDICATE HOW MANY OF EACH FORM OR SCHEDULE IS ATTACHED	
1a.	GROSS PENNSYLVANIA COMPENSATION.....	1a	<input type="text"/>	00	
1b.	UNREIMBURSED EMPLOYEE BUSINESS EXPENSES.....	1b	<input type="text"/>	00	
1c.	TAXABLE PA COMPENSATION. Subtract Line 1b from Line 1a.....	1c	<input type="text"/>	00	# of Forms W-2
2.	TAXABLE INTEREST. Complete PA Schedule A if over \$1,000.....	2	<input type="text"/>	00	# of Schedules UE
3.	TAXABLE DIVIDENDS. Complete PA Schedule B if over \$1,000.....	3	<input type="text"/>	00	# of Schedules A
4.	NET INCOME or (LOSS) from the OPERATION of a BUSINESS, PROFESSION or FARM.....	4	<input type="text"/>	00	# of Schedules B
5.	NET GAIN or (LOSS) from the SALE, EXCHANGE or DISPOSITION of PROPERTY.....	5	<input type="text"/>	00	# of Schedules C
5a.	AMOUNT of GAIN EXCLUDED on PA Schedule PA-19.....	5a	<input type="text"/>	00	# of Schedules RK-1
6.	NET INCOME or (LOSS) from RENTS,ROYALTIES, PATENTS or COPYRIGHTS.....	6	<input type="text"/>	00	# of Schedules F
7.	ESTATE and TRUST INCOME.....	7	<input type="text"/>	00	# of Schedules C-F
8.	GAMBLING and LOTTERY WINNINGS	8	<input type="text"/>	00	# of Schedules D
9.	TOTAL PA TAXABLE INCOME. Add Lines 1c,2,3,4,5,6,7,and 8. Do Not Deduct (Losses).....	9	<input type="text"/>	00	# of Schedule D-71
10.	PA TAX LIABILITY. Multiply Line 9 by 2.8%(0.028).....	10	<input type="text"/>	00	# of Schedules PA-19
11.	TOTAL PA TAX WITHHELD.....	11	<input type="text"/>	00	# of Schedules E
1995 Estimated Payments and Credits. Read the instructions on page 20.					
12a.	CREDIT from 1994 PA TAX RETURN.....	12a	<input type="text"/>	00	# of Schedules J
12b.	1995 ESTIMATED INSTALLMENT PAYMENTS.....	12b	<input type="text"/>	00	# of Schedules D-1
12c.	PAYMENT with 1995 EXTENSION REQUEST.....	12c	<input type="text"/>	00	
12d.	TOTAL ESTIMATED CREDIT. Add Lines 12a,12b and 12c.....	12d	<input type="text"/>	00	
TAX FORGIVENESS from PA SCHEDULE SP. Read the instructions beginning on page 25.					
13a.	HOUSEHOLD MEMBERS from Line 4, Part II, PA Schedule SP.....	13a	<input type="text"/>		Schedule SP (Check only if claiming tax forgiveness) <input type="checkbox"/>
13b.	ELIGIBILITY INCOME from Line 1, Part III, PA Schedule SP	13b	<input type="text"/>	00	
13c.	TOTAL HOUSEHOLD INCOME from Line 21, Step 5, SP WORKSHEET....	13c	<input type="text"/>	00	
13d.	TAX FORGIVENESS from Line 6, Part III, PA Schedule SP.....	13d	<input type="text"/>	00	# of Schedules G
14.	TOTAL CREDIT for TAXES PAID to OTHER STATES or COUNTRIES.....	14	<input type="text"/>	00	# of Schedules W
15.	EMPLOYMENT INCENTIVE PAYMENTS CREDIT.....	15	<input type="text"/>	00	
16.	TOTAL CREDITS and PAYMENTS. Add Lines 11,12d,13d, 14,and 15.....	16	<input type="text"/>	00	
17.	TAX DUE (if Line 10 is more than Line 16, refer to page 21 and complete PA Payment Voucher on page 38.)	17	<input type="text"/>	00	
18.	OVERPAYMENT (Line 16 is more than Line 10)	18.	<input type="text"/>	00	
19a.	AMOUNT of Line 18 to be REFUNDED.....	19a	<input type="text"/>	00	
19b.	AMOUNT of Line 18 to be CREDITED to your 1996 ESTIMATED TAX ACCOUNT.....	19b	<input type="text"/>	00	
19c.	AMOUNT of Line 18 to be DONATED to WILD RESOURCE CONSERVATION FUND.....	19c	<input type="text"/>	00	
19d.	AMOUNT of Line 18 to be DONATED to U.S. OLYMPIC COMMITTEE, PA DIVISION.....	19d	<input type="text"/>	00	

The TOTAL of Lines 19a through 19d MUST Equal Line 18.

SIGN YOUR RETURN.Under penalties of perjury, I (we if filing jointly) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our)belief, it is true, correct and complete.

Your Signature X	Date	Your Occupation
Spouse's Signature X	Date	Spouse's Occupation

BE SURE YOU (AND YOUR SPOUSE) SIGN,CHECK ALL MATH. ATTACH ALL SCHEDULES AND FORMS

Daytime Telephone Number ()

Preparer's Name:	Preparer's Telephone Number ()
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Preparer's Signature: