

PENNSYLVANIA INCOME TAX RETURN

*** YOU MUST FILE BY MIDNIGHT, TUESDAY, APRIL 15, 1997***

1996

PA-40 40

Commonwealth of Pennsylvania PA Department of Revenue PA-40 (09-96)

OFFICIAL USE ONLY

3

Review all the preprinted information on your label and place it in the name and address area.

Make any necessary corrections to your label and check the **SSN/NAME/ADDRESS Change** box below.

If you do not have a preprinted label, enter all information - please print.

| | |
|-----------------------------|--|
| YOUR SOCIAL SECURITY NUMBER | SPOUSE'S SOCIAL SECURITY NUMBER, even if filing separately |
|-----------------------------|--|

Last Name First name and initial - include spouse's name, if filing jointly

Home Address

City or Post office

State

Zip Code

SSN/NAME/ADDRESS CHANGE

If **ANY** of the above information is different from your 1995 PA tax return, **check this Box**. If your address changed, also provide the name and Zip Code of the city, township, borough or municipality where you lived on 12/31/96.

| | |
|------|----------|
| Name | Zip Code |
|------|----------|

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|-----|---|-----|---|
| 1a | Gross Compensation from W-2 forms and other wage statements | 1a | Attach your W-2 forms to the reverse side of your return. |
| 1b | Unreimbursed Employee Business Expenses from PA Schedule UE | 1b | |
| 1c | Net PA Taxable Compensation. Subtract line 1b from line 1a | 1c | |
| 2 | PA Taxable Interest (Complete and attach PA Schedule A if over \$1,000) | 2 | |
| 3 | PA Taxable Dividends (Complete and attach PA Schedule B if over \$1,000) | 3 | |
| 4 | Net Income or [Loss] from the Operation of a Business, Profession or Farm | 4 | |
| 5 | Net Gain or [Loss] from the Sale, Exchange or Disposition of Property | 5 | |
| 5a | Amount of Gain Excluded from PA Schedule PA-19. | 5a | Do not add or deduct line 5a |
| 6 | Net Income or [Loss] from Rents, Royalties, Patents and Copyrights | 6 | |
| 7 | Estate and Trust Income | 7 | |
| 8 | Gambling and Lottery Winnings | 8 | |
| 9 | TOTAL PA TAXABLE INCOME Add lines 1c, 2, 3, 4, 5, 6, 7 and 8. Do not subtract a [loss] reported on one or more lines from the profit, income or gain on any other income line. Nor can spouses offset each other's income and [losses] even if on the same line. | 9 | |
| 10 | PA TAX LIABILITY Multiply line 9 by 2.8% (0.028) | 10 | |
| 11 | Total PA Tax Withheld from W-2 forms, etc. | 11 | |
| 12a | Credit from 1995 PA Tax Return | 12c | Payment with 1996 Extension |
| 12b | 1996 Estimated Payments | 12d | Nonresident Tax Withheld from PA Schedules NRK-1 |
| 12e | Total Estimated Payments and Credits Add lines 12a, 12b, 12c and 12d | 12e | |
| 13a | Household Members from PA Schedule SP, Part II, line 4 | 13a | |
| 13b | Your Eligibility Income from PA Schedule SP, Part III, line 2 | 13b | You must file by April 15, 1997. File early, if you can. |
| 13c | Your Total Income from PA Schedule SP Part III, line 1 | 13c | |
| 13d | Tax Forgiveness Credit from PA Schedule SP, Part III, line 7 | 13d | |
| 14 | Total Credit for Taxes Paid to Other States or Countries from PA Schedule(s) G | 14 | |
| 15 | Employment Incentive Payments Credit from PA Schedule W | 15 | |
| 16 | TOTAL PAYMENTS AND CREDITS Add lines 11, 12e, 13d, 14 and 15 | 16 | |
| 17 | PA TAX DUE Line 10 is more than line 16 | 17 | See instructions for HOW TO PAY |

Make check payable to **PA DEPT. OF REVENUE. USE YOUR PA-V.**

| | | | |
|--|--|-----|-----------------------------|
| 18 | OVERPAYMENT Line 16 is more than line 10 | 18 | Check all your calculations |
| IMPORTANT: The total of lines 19a through 19d must equal line 18. | | | |
| 19a | Amount of line 18 you want as a Refund Check mailed to you | 19a | |
| 19b | Amount of line 18 you want Credited to your 1997 Estimated Tax Account | 19b | |
| 19c | Amount of line 18 you want to Donate to the Wild Resource Conservation Fund | 19c | |
| 19d | Amount of line 18 you want to Donate to the US Olympic Committee, PA Division | 19d | |

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 | Date | Daytime Telephone Number | Your Occupation |
| X | | () | |
| Spouse's Signature (if filing jointly) | Date | BE SURE YOU (AND YOUR SPOUSE) SIGN | |
| X | | Spouse's Occupation | |

| | | | |
|---|--|-----------------------------|--|
| Preparer or Company Name, other than taxpayer(s), based on all information of which the preparer has any knowledge. | *DOUBLE CHECK ALL MATH* ATTACH ALL SCHEDULES AND FORMS. | | |
| | Date | Preparer's Telephone Number | |
| | | () | |

NEXT YEAR, you will also be able to make a donation of all or part of your overpayment to the **ORGAN DONOR AWARENESS TRUST FUND.**