

PA 40 - 1997 (I)
PENNSYLVANIA INCOME TAX RETURN

9700110027

OFFICIAL USE ONLY

Commonwealth of Pennsylvania PA Department of Revenue

Fiscal Year Filers, fill-in this oval. FY beginning ___/___/97; and ending ___/___/97;
PLEASE PRINT IN BLACK INK

If you do not have a correct preprinted label, enter all information in the spaces provided. Print one letter or number in each block. Use a blank block for a space.

Your Social Security Number

Spouse's Social Security Number

If this is an **AMENDED** return, fill-in this oval.

Last Name

Your First Name M.I.

P.O. Box, Apt. No., Suite, Floor, RR No., etc.

Spouse's First Name M.I.

Street Address

Daytime Telephone Number

City or Post Office

State

ZIP Code

Option for a 1998 Booklet. If you **DO NOT** want a 1998 Tax Booklet next year, fill in this oval. If you paid a preparer, ask if he or she is using this option.

Residency Status. Fill in only one oval

R Resident

NR Non-Resident

P Part-Year Resident

from ___/___/97

to ___/___/97

Type Filer. Fill in only one oval:

S Single **F** Final

M Married **J** Married

Filing Separately Filing Jointly

D Deceased Date of Death: ___/___/97

Local Information. See page 19. Enter where you lived as of December 31, 1997.

County: _____

Municipality: _____

School District:

School District Code: These codes are on pages 33 and 34. Enter this information even if you did not move in 1997.

SSN, Name, or Address Change. If **ANY** of the above information you entered is different from your 1996 PA tax return or the label, or if you did not file a 1996 PA tax return, fill in this oval.

If you are reporting a loss on Lines 4, 5, and/or 6, fill in the oval in front of the appropriate amounts.

Dollars **Cents**

1a	Gross PA Taxable Compensation from W-2 forms and other wage statements	1a	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1b	Unreimbursed Employee Business Expenses from PA Schedule UE	1b	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1c	Net PA Taxable Compensation. Subtract Line 1b from 1a	1c	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	PA Taxable Interest. Complete and attach PA Schedule A if over \$1,000	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	PA Taxable Dividends. Complete and attach PA Schedule B if over \$1,000	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	Net Income or Loss from Operation of Business, Profession, or Farm	4	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	Net Gain or Loss from the Sale, Exchange, or Disposition of Property	5	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5a	Amount of Gain Excluded (from PA Schedule PA-19)	5a	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	Net Income or Loss from Rents, Royalties, Patents and Copyrights	6	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	Estate and Trust Income	7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	Gambling and Lottery Winnings	8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	Total Gross PA Taxable Income. Add the income amounts from Lines 1c, 2, 3, 4, 5, 6, 7, and 8. DO NOT SUBTRACT ANY LOSSES REPORTED ON LINES 4, 5 OR 6.	9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	CONTRIBUTIONS TO YOUR MEDICAL SAVINGS ACCOUNT (see instructions)	10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	NET PA TAXABLE INCOME. Subtract Line 10 from Line 9	11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	Total PA Tax Liability. Multiply Line 11 by 2.8% (0.028). Enter your tax due here and on Line 13 on the next page.	12	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

You Must File By April 15, 1998

9700110027

EC

OFFICIAL USE ONLY

FC

9700110027

9700110027

Grid for Social Security Number

Your Name _____

Dollars

Cents

Main tax form grid with lines 13-35 and associated descriptions.

9700210025

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 (our) belief they are true, correct, and complete.

Signature and information fields for taxpayer, spouse, preparer, and optional signature.

PLEASE DO NOT CALL ABOUT YOUR REFUND UNTIL 8 WEEKS AFTER YOU FILE.