

PLEASE PRINT IN BLACK INK. ENTER ONE LETTER OR NUMBER IN EACH BOX. FILL IN OVALS COMPLETELY.

Your Social Security Number Spouse's Social Security Number

Extension. See instructions.

Last Name

Amended Return. Fill in this oval if you are amending your 2000 PA return.

Your First Name MI

Fiscal Year Filers. Fill in this oval.

FY beginning & ending

Spouse's First Name MI

Residency Status. Fill in only one oval.

R Resident

N Nonresident

P Part-Year Resident from to

Spouse's Last Name - Only if different from Last Name above

Type Filer. Fill in only one oval.

S Single

J Married, Filing Jointly

M Married, Filing Separately

F Final Return. Indicate reason:

First line of address - P.O. Box; Apartment Number; Suite; RR No. - if applicable

D Deceased. Date of death ->

Second line of address - Street Address

City or Post Office State ZIP Code

Identification Label Change.

Fill in this oval if the label you received with this booklet is not completely correct, or if you did not file a 1999 PA tax return. Do not make corrections on the label - DISCARD IT.

School Code Daytime Telephone Number

Name of school district where you lived on 12/31/00. County where you lived on 12/31/00. Municipality where you lived on 12/31/00.

0000110023

- 1a. Gross Compensation, from PA Schedule W-2S, or your Form(s) W-2, or other statements.
1b. Unreimbursed Employee Business Expenses, from PA Schedule UE.
1c. Net Compensation. Subtract Line 1b from Line 1a.
2. Interest Income. Complete and enclose PA Schedule A, if over \$2,500.
3. Dividend Income. Complete and enclose PA Schedule B, if over \$2,500.
4. Net Income or Loss from the Operation of a Business, Profession, or Farm.
5. Net Gain or Loss from the Sale, Exchange, or Disposition of Property.
6. Net Income or Loss from Rents, Royalties, Patents, or Copyrights.
7. Estate or Trust Income. Complete and enclose PA Schedule J.
8. Gambling and Lottery Winnings.
9. Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7, and 8. DO NOT ADD any losses reported on Lines 4, 5, or 6.
10. Contributions To Your Medical Savings Account. See the instructions.
11. Adjusted PA Taxable Income. Subtract Line 10 from Line 9.
12. PA Tax Liability. Multiply Line 11 by 2.8% (0.028). Also enter on Line 13, Side 2.

Side 1

EC

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FC

