

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

Social Security Number

Grid for Social Security Number

Spouse's Social Security Number

Grid for Spouse's Social Security Number

Last Name

Grid for Last Name

Your First Name

Grid for Your First Name

MI

MI box

Spouse's First Name

Grid for Spouse's First Name

MI

MI box

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

Grid for Spouse's Last Name

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

Grid for First line of address

Second line of address - Street Address

Grid for Second line of address

City or Post Office

Grid for City or Post Office

State

State box

ZIP Code

Grid for ZIP Code

School Code

Grid for School Code

Daytime Telephone Number

Grid for Daytime Telephone Number

Name of school district where you lived on 12/31/98

County where you lived on 12/31/98

Municipality where you lived on 12/31/98

Extension Enclosed. See instructions.

Amended Return. Fill in this oval if you are amending your 1998 PA return.

Fiscal Year Filers, Fill-in this oval.
FY beginning ___/___/98 & ending ___/___/98

Option. Do you want a 1999 tax booklet?

If you pay a preparer, ask if you need the 1999 PA forms and instructions before answering.

1. YES. I want a 1999 tax booklet.

2. NO. Send me a label and form PA-V only.

Residency Status. Fill in only one oval.

R Resident

N Nonresident

P Part-Year Resident from ___/___/98 to ___/___/98.

Type Filer. Fill in only one oval.

S Single

J Married, Filing Jointly

M Married, Filing Separately

F Final Return. Indicate reason:

D Deceased. Date of death ___/___/98

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 1997 PA tax return. Do not make corrections on the label -- DISCARD IT.

- 1a Gross PA Taxable Compensation, from W-2 forms and other statements. 1a
- 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 Income. Complete and enclose PA Schedule A, if over \$2,500. 2
- 3 PA Taxable Dividends Income. Complete and enclose PA Schedule B, if over \$2,500. 3
- 4 Net Income or Loss from the Operation of Business, Profession, or Farm. LOSS 4
- 5 Net Gain or Loss from the Sale, Exchange, or Disposition of Property. LOSS 5
- 6 Net Income or Loss from Rents, Royalties, Patents, or Copyrights. LOSS 6
- 7 Estate or Trust Income. Complete and enclose PA Schedule J. 7
- 8 Gambling and Lottery Winnings. 8
- 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
- 10 CONTRIBUTIONS TO YOUR MEDICAL SAVINGS ACCOUNT. See the instructions booklet. 10
- 11 NET PA TAXABLE INCOME. Subtract Line 10 from Line 9. 11
- 12 PA Tax Liability. Multiply Line 11 by 2.8% (0.028). Also enter on Line 13, Side 2 12

Table with 12 rows and 4 columns for data entry.

Side 1

EC

EC box

OFFICIAL USE ONLY

OFFICIAL USE ONLY box

FC

FC box

Your Name: _____

Grid for Social Security Number: [][][][] - [][][][][][][][][]

- 13 PA Tax Liability. Enter your tax liability from Line 12 on Side 1. 13
- 14 Total PA Tax Withheld, from enclosed W-2 forms. 14
- 15 Credit from your 1997 PA Income Tax Return. 15
- 16 1998 Estimated Installment Payments. 16
- 17 1998 Extension Payment. 17
- 18 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. Nonresidents only. 18
- 19 Total Estimated Payments and Credits. Add Lines 15, 16, 17, and 18. 19

Grid for tax liability and credits (lines 13-19)

Tax Forgiveness Credit. Complete lines 20a, 20b, 21, and 22. Read instructions.

20a Filing Status: Unmarried Married Deceased

20b Dependents, Part B, Line 2 PA Schedule SP.

21 Total Eligibility Income from Part C, Line 11, PA Schedule SP.

Grid for Total Eligibility Income (line 21)

- 22 Tax Forgiveness Credit from Part D, Line 16, PA Schedule SP. 22
- 23 Total Credit for Taxes Paid to Other States or Countries. Enclose your PA Schedule G or RK-1. ... 23
- 24 PA Employment Incentive Payments Credit. Enclose your PA Schedule W, RK-1 or NRK-1. 24
- 25 PA Jobs Creation Tax Credit, from enclosed certificate or PA Schedule RK-1 or NRK-1. 25
- 26 PA Waste Tire Recycling Investment Tax Credit, from enclosed certificate or PA Schedule RK-1 or NRK-1. 26
- 27 PA Research and Development Tax Credit, from enclosed certificate or PA Schedule RK-1 or NRK-1.. 27
- 28 TOTAL PAYMENTS and CREDITS. Add Lines 14, 19, and 22 through 27. 28

Grid for tax credits and payments (lines 22-28)

29 TAX DUE. If Line 13 is more than Line 28, enter the difference here. 29

30 OVERPAYMENT. If Line 28 is more than Line 13, enter the difference here. 30

31 Refund -- Amount of Line 30 you want as a check mailed to you. Refund 31

32 Credit -- Amount of Line 30 you want as a credit to your 1999 estimated account. 32

33 Donation -- Amount of Line 30 you want to donate to the Wild Resource Conservation Fund. 33

34 Donation -- Amount of Line 30 you want to donate to the United States Olympic Committee, PA Division. 34

35 Donation -- Amount of Line 30 you want to donate to the Organ Donor Awareness Trust Fund. 35

36 Donation -- Amount of Line 30 you want to donate to the Korea/Vietnam Memorial Inc. 36

37 Donation -- Amount of Line 30 you want to donate to the Breast and Cervical Cancer Research. 37

The total of Lines 31 through 37 must equal Line 30.

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 occupation fields for taxpayer, spouse, and preparer.

Signature of the Preparer (Optional)