

Pennsylvania Income Tax Return Commonwealth of Pennsylvania
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

Last Name

Your First Name MI

Spouse's First Name MI

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

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

Second line of address - Street Address

City or Post Office State ZIP Code

School Code Daytime Telephone Number

Name of school district where you lived on 12/31/99.

OVERSEAS MAIL - Use full return address to include city, country and Zip Codes in local formats.

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 1998 PA tax return. Do not make corrections on the label -- DISCARD IT.

Important. If you moved into or out of Pennsylvania during 1999, you must file a PA-40.

Type Filer. Fill in only one oval.

Single S

Married, Filing Jointly J

Married, Filing Separately M

Important. If a final return or filing for a deceased person, you must use a PA-40. See Forms Ordering.

County where you lived on 12/31/99.

Municipality where you lived on 12/31/99.

9900310021

Do not use cents. Enter whole dollars.

Table with 10 rows and 4 columns for tax calculations: 1a. Gross Compensation, 1b. Unreimbursed Employee Business Expenses, 1c. Net Compensation, 2. Interest Income, 3. Dividend Income, 4. Total PA Taxable Income, 5. PA Tax Liability, 6. Total PA Tax Withheld.

Tax Forgiveness Credit. Read the instructions.

7. Total Eligibility Income. From your PA TeleFile Schedule SP, Line 10.

8. Tax Forgiveness Credit. From your PA TeleFile Schedule SP.

9. Total Payments and Credits. Add Lines 6 and 8.

10. TAX DUE. If Line 5 is more than Line 9, enter the difference here.

Side 1

OFFICIAL USE ONLY

EC

Official use only box

Pennsylvania Income Tax Return Commonwealth of Pennsylvania

Your Name: \_\_\_\_\_

Social Security Number

			-			-			

- 11. **OVERPAYMENT.** If Line 9 is more than Line 5, enter the difference here. . . . . 11. 

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- Enter how you want your overpayment applied. If you want a refund check, enter Line 12 only. You may not request direct deposit on a paper return. If you want to donate to one or more of the funds listed below, the total of Lines 12 through 17 must equal Line 11.
- 12. **Refund --** Amount of Line 11 you want as a check mailed to you. . . . . **Refund** 12. 

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- 13. **Donation --** Amount of Line 11 you want to donate to the **Wild Resource Conservation Fund.** . . . . . 13. 

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- 14. **Donation --** Amount of Line 11 you want to donate to the **U.S. Olympic Committee, PA Division.** 14. 

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- 15. **Donation --** Amount of Line 11 you want to donate to the **Organ Donor Awareness Trust Fund.** . . 15. 

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- 16. **Donation --** Amount of Line 11 you want to donate to the **Korean/Vietnam Memorial, Inc.** . . . . . 16. 

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- 17. **Donation --** Amount of Line 11 you want to donate to the **Breast and Cervical Cancer Research Fund.** 17. 

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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.

Your Signature: _____	Date: _____	Your Occupation: _____
Spouse's Signature, if filing jointly: _____	Date: _____	Spouse's Occupation: _____

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

PA Schedule W-2S (09-99) Wage Statement Summary 1999  
PA DEPARTMENT OF REVENUE

Name(s) as shown on your PA tax return: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Instructions.** Instead of sending your paper Forms W-2 with your PA tax return, or photocopying them to a sheet of paper, you may write the necessary information below. Keep your original Forms W-2. **Important.** Your PA compensation may be different from your federal wages. **Caution.** If you believe that the PA amount on a Form W-2 is incorrect, you must submit your actual Form W-2 with a written explanation from your employer. You must submit other statements for amounts you are reporting as compensation on your PA tax return.

**Information From Each Form W-2.**  
Number of Form(s) W-2  If you need more space, you may photocopy this schedule or prepare your own schedule in this format.

(a)		(b)		Enter the total on Line 1a (c)		Enter the total on Line 6 (d)	
Employer Identification Number from box B		Federal wages from box 1		PA taxable compensation from box 17		PA tax withheld from box 18	
1.	-	\$		\$		\$	
2.	-	\$		\$		\$	
3.	-	\$		\$		\$	
4.	-	\$		\$		\$	
5.	-	\$		\$		\$	
6.	-	\$		\$		\$	
7.	-	\$		\$		\$	
<b>Total.</b> Add the amounts in column (c) and (d).				\$		\$	

**Caution.** The Department reserves the right to require your actual Forms W-2.