

PA-40 2003 (09-03)

Pennsylvania Income Tax Return

PA Department of Revenue, Harrisburg, PA 17129

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 if filing jointly	Extension. See the instructions.
		Amended Return. See the instructions.
Last Name		Residency Status. Fill in only one oval. R Pennsylvania Resident N Nonresident P Part-Year Resident from 2003 to 2003.
Your First Name	MI	Filing Status. 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 2003
Spouse's First Name	MI	Identification Label Change. Fill in this oval if the label is not completely correct. Discard the incorrect label. Fill in this oval if you did not file a 2002 PA tax return.
Spouse's Last Name - Only if different from Last Name above		Farmers. Fill in this oval if at least two-thirds of your gross income is from farming.
First Line of Address		Name of school district where you lived on 12/31/2003.
Second Line of Address		Your occupation Spouse's occupation
City or Post Office	State ZIP Code	
Daytime Telephone Number	School Code	

- 1a. Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions. 1a.
- 1b. Unreimbursed Employee Business Expenses. 1b.
- 1c. Net Compensation. Subtract Line 1b from Line 1a. 1c.
- 2. Interest Income. Complete and submit **PA Schedule A** if over \$2,500. 2.
- 3. Dividend Income. Complete and submit **PA Schedule B** if over \$2,500. 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.
- 6. Net Income or Loss from Rents, Royalties, Patents, or Copyrights. 6.
- 7. Estate or Trust Income. Complete and submit **PA Schedule J**. 7.
- 8. Gambling and Lottery Winnings. 8.
- 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. 9.
- 10. **Medical Savings Account. CAUTION:** Do not deduct medical expenses or insurance. See the instructions. 10.
- 11. **Adjusted PA Taxable Income.** Subtract Line 10 from Line 9. 11.

Side 1

EC	OFFICIAL USE ONLY	FC

PA-40 Mailing Addresses

Please select the appropriate address from the following:

If you owe tax:

PA DEPT OF REVENUE
PAYMENT ENCLOSED
1 REVENUE PLACE
HARRISBURG PA 17129-0001

If you neither owe nor overpaid:

PA DEPT OF REVENUE
NO PAYMENT/NO REFUND
2 REVENUE PLACE
HARRISBURG PA 17129-0002

If you overpaid:

PA DEPT OF REVENUE
REFUND REQUESTED
3 REVENUE PLACE
HARRISBURG PA 17129-0003

Amended Returns:

Use the above addresses for filing an amended return.