PA-40 2006 (I) (09-06) Pennsylvania Income Tax Return

	ENTER ONE LETTER	OR NUMBER	N FACH BOY	FILL IN O	VALS COMPLE	FFICIAL USE ONLY			
Your Social Security Number	PLEASE PRINT IN BLACK INK. ENTER ONE LETTER OR NUMBER IN EACH BOX. FIL ur Social Security Number Spouse's Social Security Number (if filing jointly)								
CAREELII LY RRINT VOLIR SOCI	AL SECUDITY NUMBER/S	AROVE		Reside	Residency Status. Fill in only one ova				
CAREFULLY PRINT YOUR SOCIAL Last Name			Suffix		R Pennsylvania Resident				
			HER I		N Nonresident				
					P Part-Year Re				
Your First Name		MI OVER	SEAS		//2006	to / /2006			
		MAIL -		Filing	Status. Fill in onl	y one oval.			
Special of First Name		Use full address	return to include		S Single				
Spouse's First Name		city, cou	ntry and		J Married, Fili				
		formats.	le in local		M Married, Fili				
Spouse's Last Name - Only if different fro	om Last Name above		Suffik		F Final Return	. Indicate reason			
					D Deceased.				
				4		th / /2006			
First Line of Address					Identification Lab	el Change.			
						if the label is no Discard the incorrect			
Second Line of Address				1		al if you did not file a			
				1	2005 PA tax return				
		. 710.0			Farmers. Fill in	n this oval if at leas			
City or Post Office	Sta	ite ZIP Cod	le		-	ur gross income i			
					from farming.				
Daytime Telephone Number		School	Code		of school district v 31/2006:	where you lived			
						ouse's occupation			
	_			Tour or	Scupation Spo	ouse's occupation			
1a. Gross Compensation. Do not include	exempt income such a								
TO STORE STORES AND A STORE OF THE STORE OF		s compat zone	nav and						
qualifying retirement benefits. See the	e instructions					•			
qualifying retirement benefits. See the			1a						
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qualifying retirement benefits. See the 1b. Unreimbursed Employee Business Ex	xpenses		1a						
qualifying retirement benefits. See the	xpenses		1a						
qualifying retirement benefits. See the 1b. Unreimbursed Employee Business Ex	xpenses from Line 1a		1a						
qualifying retirement benefits. See the 1b. Unreimbursed Employee Business Ex 1c. Net Compensation. Subtract Line 1b	xpenses from Line 1a		1a						
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0600510055

PA-40 2006

Social Security Number shown first							

			Name(s)						
	12.	PA Tax Liability. Multiply Line 11 by 3.07 pe	ercent (0.0307)		12.			•	
▼ ESTIMATED TAX PAID ▼	13.	Total PA Tax Withheld. See the instructions.			13.			•	
	14.	Credit from your 2005 PA Income Tax return.			14.			•	П
	15.	2006 Estimated Installment Payments			15.			•	П
	16.	2006 Extension Payment			16.			•	П
	17.	Nonresident Tax Withheld from your PA Sche	17.			•	П		
	18.	Total Estimated Payments and Credits. Ad	d Lines 14, 15, 16, and 17		18.			•	\prod
		Tax Forgiveness Credit, submit PA Schedule SP 9a. Filing Status: Unmarried or Married Deceased Separated Deceased				Dependents, Part B, Line 2, PA Schedule SP			
	20.	Total Eligibility Income from Part C, Line 11, PA Sche	edule SP	,					
	21.	Tax Forgiveness Credit from Part D, Line 10	6, PA Schedule SP		21.			•	\prod
	22.	Resident Credit. Submit your PA Schedule(s) G-S, G-L, and/or RK-1.		22.			•	П
	23.	Total Other Credits. Submit your PA Schedul	le OC		23.				П
~	24.	TOTAL PAYMENTS and CREDITS. Add Line		24.			•	Ш	
-	25.	TAX DUE. If Line 12 is more than Line 24, er	nter the difference here		25.				П
	26.	Penalties and Interest. See the instructions. If attaching form REV-1630, fill in this oval .	👝	26.			•	П	
-	27.	TOTAL PAYMENT. Add Lines 25 and 26			27.			•	П
V DONATIONS V	28.	OVERPAYMENT. If Line 24 is more than the difference here		,	28.				П
	29.	The total of Lines 29 through 35 must equipment Amount of Line 28 you want as a contract of the contract of th	REFUND	29.			•	П	
	30.	Credit – Amount of Line 28 you want as a cre	edit to your 2007 estimated	d account	30.			•	
		Amount of Line 28 you want to donate to the	31.			•	П		
	32.	Amount of Line 28 you want to donate to the Assistance Program.		32.				П	
	33.	Amount of Line 28 you want to donate to the Organ and Tissue Donation Awareness Tr	33.				Ħ		
	34.	4. Amount of Line 28 you want to donate to the Juvenile (Type 1) Diabetes Cure Research Fund						•	П
	35.	Amount of Line 28 you want to donate to the Research Fund.				П			
	SIGN	ATURE(S). Under penalties of perjury, I (we) declare that		schedules and	statements. and	to the bes	t of mv		
	(our)	belief, they are true, correct, and complete.	,	Preparer's SS					
	rou	r Signature		Date		Preparer's St	DIN OF FIN	П	П
	Spo	Spouse's Signature, if filing jointly Preparer's Name and Telephone Number					-		
									Ш

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

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.