

PA-40 2006 (09-06)

Pennsylvania Income Tax Return
PA Department of Revenue, Harrisburg, PA 17129

OFFICIAL USE ONLY

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)

Input boxes for Social Security Numbers

CAREFULLY PRINT YOUR SOCIAL SECURITY NUMBER(S) ABOVE

Last Name Suffix

Input boxes for Last Name and Suffix

Your First Name MI

Input boxes for Your First Name and MI

Spouse's First Name MI

Input boxes for Spouse's First Name and MI

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

Input boxes for Spouse's Last Name and Suffix

First Line of Address

Input box for First Line of Address

Second Line of Address

Input box for Second Line of Address

City or Post Office State ZIP Code

Input boxes for City or Post Office, State, and ZIP Code

Daytime Telephone Number School Code

Input boxes for Daytime Telephone Number and School Code

Extension. See the instructions.
Amended Return. See the instructions.

Residency Status. Fill in only one oval.
R Pennsylvania Resident
N Nonresident
P Part-Year Resident from
/2006 to /2006

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 /2006

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 2005 PA tax return.

Farmers. Fill in this oval if at least two-thirds of your gross income is from farming.

Name of school district where you lived on 12/31/2006:

Your occupation Spouse's occupation

Table with 11 rows for tax calculations: 1a. Gross Compensation, 1b. Unreimbursed Employee Business Expenses, 1c. Net Compensation, 2. Interest Income, 3. Dividend and Capital Gains Distributions Income, 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, 8. Gambling and Lottery Winnings, 9. Total PA Taxable Income, 10. Other Deductions, 11. Adjusted PA Taxable Income.

Side 1

EC OFFICIAL USE ONLY FC
Input boxes for EC, OFFICIAL USE ONLY, and FC

# PA-40 2006

Social Security Number shown first

Name(s)

	12. PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307). . . . .	12.	
	13. Total PA Tax Withheld. See the instructions. . . . .	13.	
ESTIMATED TAX PAID	14. Credit from your 2005 PA Income Tax return. . . . .	14.	
	15. 2006 Estimated Installment Payments. . . . .	15.	
	16. 2006 Extension Payment. . . . .	16.	
	17. Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only) . . . .	17.	
	18. Total Estimated Payments and Credits. Add Lines 14, 15, 16, and 17. . . . .	18.	
<b>Tax Forgiveness Credit, submit PA Schedule SP</b>			Dependents, Part B, Line 2, PA Schedule SP. . . . .
19a.	Filing Status: <input type="radio"/> Unmarried or Separated <input type="radio"/> Married <input type="radio"/> Deceased	19b.	
20.	Total Eligibility Income from Part C, Line 11, PA Schedule SP. . . . .		
21.	Tax Forgiveness Credit from Part D, Line 16, PA Schedule SP. . . . .	21.	
22.	Resident Credit. Submit your PA Schedule(s) G-S, G-L, and/or RK-1. . . . .	22.	
23.	Total Other Credits. Submit your PA Schedule OC. . . . .	23.	
24.	TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22, and 23. . . . .	24.	
25.	TAX DUE. If Line 12 is more than Line 24, enter the difference here. . . . .	25.	
26.	Penalties and Interest. See the instructions. If attaching form REV-1630, fill in this oval <input type="radio"/>	26.	
27.	TOTAL PAYMENT. Add Lines 25 and 26. . . . .	27.	
28.	OVERPAYMENT. If Line 24 is more than the total of Line 12 and Line 26, enter the difference here. . . . . <b>The total of Lines 29 through 35 must equal Line 28.</b>	28.	
29.	Refund – Amount of Line 28 you want as a check mailed to you. . . . . <b>REFUND</b>	29.	
30.	Credit – Amount of Line 28 you want as a credit to your 2007 estimated account. . . . .	30.	
DONATIONS	31. Amount of Line 28 you want to donate to the Wild Resource Conservation Fund. . . .	31.	
	32. Amount of Line 28 you want to donate to the Military Family Relief Assistance Program. . . . .	32.	
	33. Amount of Line 28 you want to donate to the Governor Robert P. Casey Memorial Organ and Tissue Donation Awareness Trust Fund. . . . .	33.	
	34. Amount of Line 28 you want to donate to the Juvenile (Type 1) Diabetes Cure Research Fund . . . . .	34.	
	35. Amount of Line 28 you want to donate to the Breast and Cervical Cancer Research Fund. . . . .	35.	

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.

Your Signature	Date	Preparer's SSN or PTIN
Spouse's Signature, if filing jointly	Preparer's Name and Telephone Number	Firm FEIN

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.